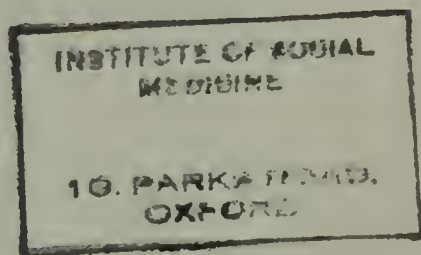


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OXFORD COUNTY COUNCIL

(MEDICAL DEPARTMENT)



ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1951

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER, 1951

INTRODUCTION AND SUMMARY

To the CHAIRMAN and MEMBERS of the DEVON COUNTY
EDUCATION COMMITTEE.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report of the work of the School Health Service in the County for the year ended 31st December, 1951.

An encouraging feature of the year's work was the transfer of Withycombe House Special School from the Royal Western Counties Institution to the Education Committee. Although accommodation is limited to 20 pupils at present it is hoped to increase this to 50 in the near future. The school will be open to selected cases from Cornwall, Dorset, Somerset, Plymouth and Exeter Cities, and Devon. With the facilities now available at Bradfield for boys, and the opening of Withycombe House for girls, it is felt that some concrete progress is being made in the education of the educationally sub-normal pupil.

This was the highlight in what was in the aggregate a somewhat discouraging year. We were still, at the year's end, without the services of a Psychiatrist in our Child Guidance Clinics and Hostels for maladjusted children, and much additional work and responsibility was thrown on the Psychologists and Psychiatric Social workers. As the Regional Hospital Board cannot supply a Psychiatrist the Committee is now exploring the possibility of employing a full-time officer.

No progress was made towards the building of the new Open Air School at Torquay during 1951, in spite of the Committee's efforts to expedite the matter, and the sympathy of the Ministry of Education. It is now hoped that building will start in 1953.

Our speech therapy service also suffered a setback during 1951, as we lost the services of two of our three Speech Therapists during the year and were unable to replace them.

A matter of some concern is the extra duties that have been shouldered by our Assistant County Medical Officers since 1948. They have taken on, to a great extent, the administration of booster doses of Diphtheria antigen, at the age of 5 and 10 at school, the inspection of Children's Homes and Nurseries and the routine examination of the children therein at frequent intervals, and large numbers of the superannuation examinations required for an authority of this size. The rise in the school population had increased the number of examinations required, and we have reached the stage where additional staff has become necessary to maintain our standard.

As regards the School Dental Service, it has been possible for the first time since 1949 to report an improvement in the staffing position. It would seem that, at last, the drift away from the service has been halted. It has also become clear that a small but increasing percentage of children are receiving treatment under the general dental service and to this, obviously, no possible exception can be taken. There is, however, this difference between the two services which it is as well to bear in mind. In the general dental service practitioners may accept or refuse cases according to the demand for treatment of other sections of the population, or for reasons of personal preference, whereas the school dental service is under a statutory obligation to accept for treatment all cases presenting themselves. It would be a pity indeed if one service were to skim off the cream at the expense of the other.

In conclusion, I wish to render thanks to the Committee for their assistance during 1951, to my Deputy, Dr. W. J. Doyle, who has been chiefly responsible for the compilation of this Report, and to the Medical, Dental and Nursing Staffs, for their continued co-operation. I must also express my thanks to the Headmistresses and Headmasters of the various schools for their continued help and to the clerical staff in the Medical Department who have been chiefly responsible for the compilation of the statistics.

I am,

Your obedient servant,

L. MEREDITH DAVIES.

"IVYBANK,"

45, ST. DAVID'S HILL,

EXETER.

STAFF

The following lists of Staff show those employed during the whole or any part of the year 1951:—

School Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), M.R.C.S.,
L.R.C.P., D.P.H. (Oxon).

Deputy School Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., (Public
Health). L.M.

Assistant County Medical Officers and Medical Officers of Health. (Combined Appointments.)

L. G. Anderson, M.D., Ch.B., D.P.H. (Exmouth U.D. and
St. Thomas R.D.).

A. Dick, M.D., Ch.B., D.P.H. (Brixham, Dartmouth and
Paignton U.D's.).

H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (Newton
Abbot U. & R. and Dawlish U.).

Assistant County Medical Officers.

John Steele Aldridge, M.R.C.S., L.R.C.P., (Resigned 4.3.51).

Mary Eluned Budding, B.Sc., M.B., B.Ch., D.P.H.

Thomas Johannes Davidson, M.B., Ch.B., D.P.H., D.T.M.&H.

J. L. Dixon, M.D., M.B., Ch.B., D.P.H., (Appointed temporarily two periods between 4.3.51 and 30.9.51).

Dorothy M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Jean Mary Hinde, M.A., B.M., B.Ch., D.R.C.O.G., (Part-time resigned 31.3.51).

Marjorie H. King, M.B., Ch.B., D.P.H.

Margaret Sheila O'Riordan, B.A., M.B., B.Ch., B.A.O.,
(Appointed 1.4.51).

J. S. Rogers, L.R.C.P., M.R.C.S., (Appointed 1.10.51).

Nora Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.

Louis Solomon, B.A. (Hon.), M.B., B.Ch., B.A.O., L.M.,
D.P.H., D.C.H.

Harold Russell Vernon, M.B., Ch.B.

Grace Hortense Walker, M.B., Ch.B., D.P.H.

**County Ophthalmic Surgeons.*

Margaret Lempriere Foxwell, M.R.C.S., L.R.C.P., D.P.H.,
D.C.H.

William Gardner Hutton, M.A., M.R.C.S., L.R.C.P., D.O.M.S.

**County Ophthalmic Surgeons' Assistants.*

Dorothea M. Newman.

Edith Barth.

*—The School Ophthalmic Service was taken over by the S. Western Regional Hospital Board on 1.4.49.

County Psychiatrist.

Vacancy.

Medical Advisor in Mental Health.

Christine Joanna McLeay, M.B., Ch.B.

County Psychologist.

Alice M. Silver, M.A., (Resigned 6.4.51).

Elizabeth Yeo, M.A. (Appointed 1.7.51).

Social Workers in Child Guidance (Temporary).

Frances Mary Dickinson, D.S.S. (Part-time).

Margery Joan Hogg (Absent, without pay, to 31.8.51 when she resigned).

Alan D. Thorne (Temporary. Resigned 31.10.51).

Speech Therapists.

Mary H. Elsworthy, L.C.S.T., (Resigned 28.7.51).

Mary Winifred Burridge, L.C.S.T., (Resigned 28.2.51).

Mary Katherine Bridget Ryan, Nat. Dip. Speech Therapy,
(Resigned 31.7.51).

Pamela M. Dunn, L.C.S.T., (Appointed 1.9.51).

Dental Staff.

SENIOR DENTAL OFFICER:

J. Fletcher, L.D.S.

County Dental Officers.

H. N. Barnes, L.D.S., (Temporary part-time).

W. H. Burndred, L.D.S., R.C.S., (Temporary part-time.
Resigned 7.12.51).

G. J. Derbyshire, L.D.S., (Appointed 1.11.51).

J. L. Dickson, L.D.S.

W. A. Dredge, L.D.S., (Temporary).

E. W. Falkner, L.D.S., R.C.S. (Eng.), (Temporary part-time app. 23.4.51).
 T. L. Fiddick, L.D.S., (Temporary).
 D. R. House, M.R.C.S., L.R.C.P., L.D.S.
 Mabel Frances Inder (Mrs.), L.D.S., (Temporary part-time).
 R. J. Inder, L.D.S.
 H. P. Joscelyne, L.D.S., (Temporary part-time).
 W. R. Matthews, L.D.S., R.C.S. (Eng.), (Temporary part-time app. 17.9.51).
 K. W. Massey, L.D.S.
 A. S. Peacock, L.D.S., D.D.O. (Also part-time Orthodontist).
 J. A. Pugh, L.D.S., (Temporary part-time).
 Eileen Rich (Miss), L.D.S.
 Barbara Shapland (Miss), L.D.S.
 J. E. B. Smith, L.D.S.
 J. W. Steer, L.D.S.

Dental Attendants.

Miss P. M. Beale.
 Miss S. E. Bearne.
 Miss E. M. Blow, (Appointed 31.10.51 part-time, 19.11.51, full-time).
 Mrs. G. M. Davie.
 Miss F. Featherstone.
 Miss P. M. Foster.
 Mrs. R. Gentry.
 Miss D. Golding.
 Miss G. D. Hill (Appointed 1.9.51).
 Miss K. Hudson.
 Mrs. J. Kitson, (Temporary 1.5.51—11.7.51).
 Miss B. E. Power.
 Miss D. Sabine.
 Mrs. W. Sabine.
 Miss M. Sheldon.
 Miss M. E. M. Skinner.
 Miss J. Sturgess, (Resigned 30.4.51).
 Mrs. W. F. Turnball.

In addition two temporary part-time Dental Attendants were employed for short periods during the year.

Health Visitors—School Nurses.

Senior Medical Officer for Maternity and Child Welfare who supervises the work of the Health Visitors-School Nurses, Dr. Florence Gloria Richards, M.R.C.S., L.R.C.P. D (obst.), R.C.O.G. No part of the salary connected with this post is allocated to the School Health Services.

Miss A. P. Andrews, S.R.N., S.C.M., H.V.C.
 Miss M. L. Baker, S.R.N., S.C.M., H.V.C., Commenced 9.7.51
 Miss H. J. Ballard, S.R.N., S.C.M., H.V.C.
 Miss M. E. Barrell, S.R.N., S.C.M., H.V.C., Commenced 9.7.51.
 Mrs. A. Butler, S.R.N., S.C.M., H.V.C.
 Miss W. Caffyn, S.R.N., S.C.M., H.V.C.
 Miss J. B. Clark, S.R.N., S.C.M., H.V.C.
 Miss I. K. Edwards, S.R.N., S.C.M., H.V.C.
 Miss H. Faulkner, S.R.N., S.C.M., H.V.C.
 Miss W. Frayling, S.R.N., S.C.M., Retired 28.2.51.
 Miss M. C. E. Gibbons, S.R.N., S.C.M., H.V.C., Commenced
 15.10.51.
 Miss L. Gilbert, S.R.N., S.C.M., H.V.C.
 Mrs. J. A. Godfrey, S.R.N., S.C.M., H.V.C., Commenced 1.5.51
 Miss G. Greenwood, S.R.N., S.C.M.
 Miss E. M. Hall, S.R.N., S.C.M., H.V.C.
 Miss P. M. Harper, S.R.N., S.C.M., H.V.C.
 Miss M. Harris, S.R.N., S.C.M., H.V.C.
 Miss M. Harry, S.R.N., S.C.M., H.V.C.
 Miss E. Honeywell, S.R.N., S.C.M., H.V.C.
 Miss E. J. Jackson, S.R.N., S.C.M., H.V.C., Commenced 3.9.51.
 Miss M. I. Lawrence, S.R.N., S.C.M., H.V.C., Resigned 28.2.51.
 Miss M. Leathley, S.R.N., S.C.M., H.V.C.
 Miss R. Lee, S.R.N., S.C.M., S.I. Cert.
 Mrs. L. Lee, S.R.N., S.C.M., H.V.C.
 Miss L. Luff, S.R.N., S.C.M., H.V.C., Resigned 30.9.51.
 Mrs. P. D. McFarlane, S.R.N., S.C.M., H.V.C., Resigned 3.2.51.
 Miss G. Mason, S.R.N., S.C.M., H.V.C.
 Miss R. I. Morris, S.R.N., S.C.M., H.V.C.
 Miss I. W. Pester, S.R.N., S.C.M., H.V.C.
 Miss D. Pulsford, S.R.N., S.C.M., H.V.C.
 Mrs. A. Ralls, S.R.N., S.C.M., H.V.C.
 Miss J. W. Rennie, S.R.N., S.C.M., H.V.C., Commenced 1.5.51.
 Mrs. E. M. Rogers, S.R.N., S.C.M.
 Miss E. Ryall, S.R.N., S.C.M., H.V.C.
 Miss E. M. Sercombe, S.R.N., S.C.M., H.V.C.
 Miss M. J. Simpson, S.R.N., S.C.M., H.V.C.
 Miss N. Smith, S.R.N., S.C.M., H.V.C.
 Mrs. W. Sparks, S.R.N., S.C.M., H.V.C.
 Miss M. E. Stone, S.R.N., S.C.M., H.V.C.
 Miss M. M. Thain, S.R.N., S.C.M., H.V.C.
 Miss J. M. Wallace, S.R.N., S.C.M., H.V.C.
 Miss E. H. Walters, S.R.N., S.C.M., H.V.C.
 Miss M. Walters, S.R.N., S.C.M.
 Miss O. Walters, S.R.N., S.C.M., H.V.C.
 Miss J. West, S.R.N., S.C.M., H.V.C.
 Miss M. Whittle, S.R.N., S.C.M., H.V.C., Commenced 1.2.51.

School Nurses.

Mrs. E. M. Clarke, S.R.N.

Nursing Assistants.

On 31st December 1951 there were 12 full-time and 2 part-time Nursing Assistants.

Clerical Staff.

CHIEF CLERK:

H. T. Baldwyn.

School Health Section.

CLERK IN CHARGE OF SECTION:

W. A. Down.

GENERAL STATISTICS

Area of Administrative County—1,649,206 acres, from 1.4.51 when Plymouth Boundary Extension Act came into force.

Population of Administrative County at 1951 Census—Provisional—513,819.

Registrar General's Estimated Population, mid-1951—508,400—(including members of armed forces stationed in area).

Rateable value of County—£3,571,622 (1st January, 1952).

Value of 1d. rate on area, 1951/52—£14,225.

		* Primary Secondary Further Special				Total
(a)	Number of Schools:					
	County ..	221	60	7	3	291
	Voluntary ..	178	1	—	—	179
	Totals ..	399	61	7	3	470
(b)	Number of children on roll 31.12.51 ..	38,933	18,151	428	149	57,661
(c)	Number of permanent closures during year ..	11	—	—	—	11
(d)	Estimated average number of pupils on roll ..	57,700				

* Inclusive of Modern, Grammar and Technical (Secondary) age.

— Technical etc., other than "secondary age" pupils.

MEDICAL INSPECTION

(a) General.

The total number of children medically examined at "Periodic" Inspections in Primary and Secondary Schools (including Special Schools) was 19,616 against 19,928 in 1950, and the number examined as "Specials" was 15,439 against 16,117 in 1950. The number of "Re-inspections" carried out during 1951 was 34,705 against 37,628 in 1950, (see Table below).

(b) Children found at Periodic Examinations to require treatment.

The number of children found under this heading (excluding those suffering from dental disease, dirty or verminous conditions) is shown in Table 1 (C).

The percentage for Primary school children was 8.2 as against 10.4 for 1950. For Secondary schools the figure was 8.9 (6.5 in 1950).

Table I.

Medical Inspection of Pupils attending Maintained Primary and Secondary* Schools (including Special Schools).

(A). PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

						<i>Total</i>
Entrants	..	..	..	..	..	6,637
Second Age Group	..	..	..	..	..	4,246
Third Age Group	..	..	..	..	..	3,468
				TOTAL	..	14,351
Number of other Periodic Inspections				..	..	5,265
				GRAND TOTAL		19,616

(B). OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	15,439
Number of Re-Inspections	..	..	..	34,705
		TOTAL	..	50,144

* Including those of Grammar School type.

– These figures include examinations at School Clinics as well as those carried out at schools.

SCHOOL NURSES VISITS AND EXAMINATIONS.

Number of visits to schools (Primary and Secondary) for any purpose during the year	..	..	..	..	6,427
Number of visits to homes of school children for any purpose during the year	..	..	..	..	6,322

PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual children found at Periodic Medical Inspections to require treatment for any condition except Dental, Dirty Conditions, or Verminousness:—

Table I (c).

Group.	For defective vision,* (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
Entrants	32	580	566
Second age group	40	306	318
Third age group	76	246	298
TOTAL (prescribed groups) ..	148	1,132	1,182
Other periodic inspections ..	103	414	475
GRAND TOTAL	251	1,546	1,657

* But including “ Other Conditions ” of Eyes.

FURTHER EDUCATION.

In addition to the children medically examined at Primary and Secondary schools 345 pupils were examined at Periodical Medical Inspection at Science, Technical and Art Schools and 64 were found to require treatment (other than Dental or Verminous Conditions). One pupil was re-examined. There were no Special examinations.

TABLE II. (A). PERIODIC MEDICAL EXAMINATIONS.
DEFECTS REQUIRING TREATMENT.

DEFECTS AND DISEASES.		Primary *(11,115)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) *(8,501)	Incidence per 1,000 Children Examined	TOTAL *(19,616)	Incidence per 1,000 Children Examined
SKIN—	..	60	5.4	72	8.5	132	6.7
EYES—	..	80	7.2	160	18.8	240	12.2
(a) Either Close or Distant Acuity	..	—	—	11	1.3	11	.6
(b) Colour Sense	..	63	5.7	12	1.4	75	3.8
(c) Squint	..	26	2.3	28	3.3	54	2.8
(d) Other	..	23	2.1	16	1.9	39	2.0
EARS—	..	14	1.3	16	1.9	30	1.5
(a) Hearing	..	12	1.1	18	2.1	30	1.5
(b) Otitis Media	..	..	..	..	..	..	..
(c) Other	..	..	..	..	..	..	..
NOSE AND THROAT (Any defects)—	..	..	..	..	..	..	..
(a) Enlarged Adenoids only	..	12	1.1	13	1.5	25	1.3
(b) Chronic Tonsillitis only	..	76	6.8	48	5.6	124	6.3
(c) Enl. Ad. and Ch. Tonsillitis	..	169	15.2	26	3.1	195	9.9
(d) Other Nose or Throat	..	18	1.6	12	1.4	30	1.5
SPEECH—	..	26	2.3	11	1.3	37	1.9
CERVICAL GLANDS—	..	19	1.7	5	.6	24	1.2
HEART AND CIRCULATION—	..	19	1.7	27	3.2	46	2.3
LUNGS—	..	27	2.4	19	2.2	46	2.3
DEVELOPMENTAL—	..	..	..	..	..	..	..
(a) Hernia	..	16	1.4	2	.2	18	.9
(b) Cryptorchidism	..	12	1.1	8	.9	20	1.0
(c) Other	..	6	.5	6	.7	12	.6
ORTHOPAEDIC—	..	..	..	..	..	..	..
(a) Posture	..	46	4.1	67	7.9	113	5.8
(b) Flat Foot	..	79	7.1	35	4.1	114	5.8
(c) Other	..	107	9.6	53	6.2	160	8.2
NERVOUS SYSTEM—	..	..	..	..	..	..	..
(a) Epilepsy	..	4	.4	4	.5	8	.4
(b) Other	..	5	.4	6	.7	11	.6
PSYCHOLOGICAL—	..	..	..	..	..	..	..
(a) Development	..	5	.4	2	.2	7	.4
(b) Stability	..	7	.6	5	.6	12	.6
OTHER—	..	579	52.1	239	28.1	818	41.7
MALNUTRITION—	..	13	1.2	22	2.6	35	1.8

* The figures in parenthesis denote the number of children examined.

DEFECTS REQUIRING TO BE KEPT UNDER MEDICAL SUPERVISION, BUT NOT REQUIRING SPECIFIC TREATMENT. (A) PERIODIC MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

DEFECTS AND DISEASES.		Primary *(11,115)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) *(8,501)	Incidence per 1,000 Children Examined	TOTAL *(19,616)	Incidence per 1,000 Children Examined
SKIN—	..	193	17.4	169	19.9	362	18.5
EYES—	..	109	9.8	79	9.3	188	9.6
(a) Either Close or Distant Acuity	..	—	—	6	.7	6	.3
(b) Colour Sense	..	67	6.0	16	1.9	83	4.2
(c) Squint	..	89	8.1	73	8.6	162	8.3
(d) Other	..	78	7.0	34	4.0	112	5.7
EARS—	..	148	13.3	48	5.6	196	10.0
(a) Hearing	..	62	5.6	28	3.3	90	4.6
(b) Otitis Media	..	..	..	..	..	..	..
(c) Other	..	..	..	..	..	..	..
NOSE AND THROAT (Any defects)—	..	..	..	..	..	..	..
(a) Enlarged Adenoids only	..	35	3.1	34	4.0	69	3.5
(b) Chronic Tonsillitis only	..	507	45.6	330	38.8	837	42.7
(c) Enl. Ad. and Ch. Tonsillitis	..	967	87.0	81	9.5	1,048	53.4
(d) Other Nose or Throat	..	88	7.9	53	6.2	141	7.2
SPEECH—	..	109	9.8	16	1.9	125	6.4
CERVICAL GLANDS—	..	688	61.9	120	14.1	808	41.2
HEART AND CIRCULATION—	..	185	16.6	160	18.8	345	17.6
LUNGS—	..	404	36.3	146	17.2	550	28.0
DEVELOPMENTAL—	..	..	..	..	..	..	..
(a) Hernia	..	37	3.3	—	—	37	1.9
(b) Cryptorchidism	..	52	4.7	67	7.9	119	6.1
(c) Other	..	85	7.6	25	2.9	110	5.6
ORTHOPAEDIC—	..	..	..	..	..	..	..
(a) Posture	..	322	29.0	285	33.5	607	30.9
(b) Flat Foot	..	217	19.5	31	3.6	248	12.6
(c) Other	..	444	39.9	238	28.0	682	34.8
NERVOUS SYSTEM—	..	..	..	..	..	..	..
(a) Epilepsy	..	11	1.0	4	.5	15	.8
(b) Other	..	76	6.8	30	3.5	106	5.4
PSYCHOLOGICAL—	..	..	..	..	..	..	..
(a) Development	..	83	7.5	23	2.8	106	5.4
(b) Stability	..	82	7.4	9	1.1	91	4.6
OTHER—	..	926	83.3	559	65.8	1,485	75.7
MALNUTRITION—	..	101	9.1	95	11.2	196	10.0

* The figures in parenthesis denote the number of children examined.

TABLE II. (A)—Continued.

SPECIAL EXAMINATIONS

It must be borne in mind that a large proportion of these "Special Examinations" are made at School Clinics, where every first attendance in the year should be counted as a "Special." It is also possible that a child may be counted under heading "Specials" more than once in a year. The incidence per 1,000 children examined is, therefore, not shown in this Table, as the work entailed would not justify the result.

DEFECTS REQUIRING MEDICAL TREATMENT.

DEFECTS AND DISEASES.	Primary	Secondary (M.S. and Gram. Type).	TOTAL.
SKIN—	1,709	2	1,711
EYES— (a) Either Close or Distant Acuity	11	11	22
(b) Colour Sense	—	—	—
(c) Squint	6	—	6
(d) Other	815	3	818
EARS— (a) Hearing	7	2	9
(b) Otitis Media	3	2	5
(c) Other	661	2	663
NOSE AND THROAT (any defects)—			
(a) Enlarged Adenoids only ..	4	1	5
(b) Chronic Tonsilitis only ..	14	5	19
(c) Enlarged Ad. and Ch. Tons. ..	37	6	43
(d) Other Nose or Throat ..	246	1	247
SPEECH—	19	1	20
CERVICAL GLANDS—	9	1	10
HEART AND CIRCULATION—	5	5	10
LUNGS—	22	5	27
DEVELOPMENTAL—			
(a) Hernia	—	—	—
(b) Cryptorchidism	—	2	2
(c) Other	5	—	5
ORTHOPAEDIC—			
(a) Posture	7	3	10
(b) Flat Foot	9	—	9
(c) Other	206	7	213
NERVOUS SYSTEM—			
(a) Epilepsy	3	1	4
(b) Other	—	2	2
PSYCHOLOGICAL—			
(a) Development	4	2	6
(b) Stability	5	1	6
OTHER—	9,237	18	9,255
MALNUTRITION—	1	—	1

TABLE II. (A).—Continued.

SPECIAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

DEFECTS AND DISEASES.	Primary	Secondary (M.S. and Gram. Type).	TOTAL.
SKIN—	49	7	56
EYES— (a) Either Close or Distant Acuity	24	4	28
(b) Colour Sense	—	—	—
(c) Squint	6	—	6
(d) Other	28	4	32
EARS— (a) Hearing	15	3	18
(b) Otitis Media	25	4	29
(c) Other	42	3	45
NOSE AND THROAT (any defects)—			
(a) Enlarged Adenoids only ..	2	1	3
(b) Chronic Tonsilitis only ..	37	15	52
(c) Enlarged Ad. and Ch. Tons. ..	75	4	79
(d) Other Throat and Nose ..	18	5	23
SPEECH—	18	—	18
CERVICAL GLANDS—	46	8	54
HEART AND CIRCULATION—	20	10	30
LUNGS—	40	9	49
DEVELOPMENTAL—			
(a) Hernia	4	—	4
(b) Cryptorchidism	5	6	11
(c) Other	14	2	16
ORTHOPAEDIC—			
(a) Posture	32	13	45
(b) Flat Feet	18	4	22
(c) Other	55	16	71
NERVOUS SYSTEM—			
(a) Epilepsy	2	1	3
(b) Other	17	5	22
PSYCHOLOGICAL—			
(a) Development	15	3	18
(b) Stability	18	—	18
OTHER—	454	38	492
MALNUTRITION—	30	9	39

TABLE II.B.

Classification of the GENERAL CONDITION of Pupils inspected at the Periodic (Age Group) Inspections during the year.

AGE GROUP.	No. In- spected.	A. (GOOD).		B. (FAIR).		C. (POOR).	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
<i>Prescribed Groups—</i>							
Entrants (Primary)	6,637	2,244	33.8	4,203	63.3	190	2.9
Second Age Group (Primary Leavers) ..	4,246	1,475	34.7	2,645	62.3	126	2.9
Third Age Group (Secondary Leavers) ..	3,468	1,304	37.6	2,061	59.4	103	3.0
<i>Other Periodic Inspections—</i>	5,265	1,953	37.1	3,165	60.1	147	2.8
GRAND TOTAL ..	19,616	6,976	35.6	12,074	61.5	566	2.9

It is again heartening to write that the percentage of children of poor general condition has dropped from one of 3.9 to 2.9. One would infer from this that the general standard of health of the children is still being maintained, in spite of the vicissitudes of the times.

ADENOIDS AND TONSILS.

The following table shows the position at a glance:—

INCIDENCE PER 1,000 CHILDREN AT PERIODICAL EXAMINATION.

	Requiring Surgical Treatment.			Not requiring immediate Surgical Treatment, but "Supervision" pending general treatment of child.		
	<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>	<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>
Adenoids only ..	1.1	1.5	1.3	3.1	4.0	3.5
Chr. Tonsillitis only ..	6.8	5.6	6.3	45.6	38.8	42.7
Both Adenoids and Tonsillitis ..	15.2	3.1	9.9	87.0	9.5	53.4
Other Nose and Throat ..	1.6	1.4	1.5	7.9	6.2	7.2

The incidence shows the present trend in the conservative treatment of Tonsils and Adenoids and consequently there is a fall in the numbers referred for surgical treatment, and a rise in those being kept under observation.

PROVISION OF MEALS IN SCHOOL.

The Chief Education Officer has kindly supplied the following notes and tables with regard to the feeding of children in school:—

Although it has not been possible to provide any new dining rooms during the year owing to the continued restriction on building schemes for the School Meals Service, it has been possible to carry out a number of minor schemes to provide small kitchens and to improve scullery provisions where these were inadequate or were situated in cloakrooms or classrooms which were needed for their normal use. However, in the two new schools at South Molton and Torquay (Watcombe) which were opened during the year, dining halls and kitchens were included with the new buildings. It is inevitable that the rate of progress must be slower when a new system has got well under way but some progress has been made towards the provision of self-contained canteens and fourteen of these were opened during the year. Two central kitchens at Axminster and Crediton were closed during the year together with the Whipton Cooking Depot, this Depot having been provided by the Ministry of Food for emergency feeding purposes.

The announcement by the Government of an increase in the charge for the school meal from 6d. to 7d. from the 1st April, 1951, was a blow to the School Meals Service and there was an undoubted falling off in the number of children taking the meal; even taking into account the increased number of children on books the percentage at the end of 1951 was slightly lower than that at the end of 1950.

Every endeavour has been made to maintain the high standard of meals throughout the County, and in addition to the regular Courses for Cook/Supervisors at Torquay, two short Courses for Cooks were also held during the year. Two single week's Refresher Courses were also given for Supervisors and Cook/Supervisors and these proved an excellent opportunity for discussion and exchange of ideas, especially for those Supervisors who are not often able to meet each other. Further Dining Centre Helper Courses were held at Plympton, Honiton, Crediton, Dawlish, Sidmouth, Tiverton and Paignton, and the attendance in each case was excellent. These Courses at which lectures on personal hygiene are given together with practical demonstrations on the service of the meal, have proved a source of inspiration to the Helpers and have improved the relationship between the receiving school and the distributing kitchen.

The Ministry of Education are now able to supply coloured plates and beakers, a second fork for each child for the pudding course and also cutlery for infant children. A word of commendation is due to all those (including children) who take the trouble to provide and arrange flowers to make the dining tables look more attractive thus helping to achieve the object by which the school meal shall become a part of the happy social life of the school.

The following is a comparative statement showing the position of the School Meals Service at the end of December 1951:—

	<i>December 1950</i>	<i>December 1951</i>
Number of Canteens and Dining Centres	474	462
Number of Primary children taking mid-day meals ..	20,910	21,370
Percentage of Primary children taking meals ..	63.6%	62.1%
Number of Secondary children taking mid-day meals ..	13,170	13,118
Percentage of Secondary Children taking meals ..	71.5%	71.4%
Number of Primary and Secondary children taking mid-day meals daily	34,080	34,488
Percentage of Primary and Secondary children taking mid-day meals daily	66.9%	65.92%

The numbers and percentages in this table refer to the position on a selected day, and the percentages are worked out on the basis of children present, not the total number on roll.

MILK IN SCHOOLS SCHEME

Steady progress has been made throughout the year with the supply of T.T. or pasteurised milk and it will be noted with satisfaction that the number of schools receiving undesignated milk has been substantially reduced. The following tables give comparative figures over two years for the number of children taking milk and the types of milk supplied:—

				<i>Primary.</i>	<i>Secondary.</i>
No. of children on books	..	..	..	37,392	19,695
No. of children present on selected day	..	..	..	34,366	18,355
No. of children present on selected day taking milk				30,624	10,138
Percentage of children present on selected day taking milk	..	..	..	89. %	55.2 %
Total number of schools	..	..	..	401	61

The percentage of children taking milk of some type or other, liquid or dried, on a selected day in 1950 was 93.04 % for Primary and 58.5 % for Secondary Schools.

TYPES OF MILK SUPPLIED.					1950	1951
Pasteurised	..	..	..	..	235	244
T.T.	..	..	..	..	163	163
Accredited	..	..	..	..	16	17
Raw	..	..	..	..	48	34
National Dried	..	..	..	..	9	4

VETERINARY INSPECTION OF HERDS SUPPLYING SCHOOL MILK.

Mr. R. R. Willing, Divisional Veterinary Officer, Ministry of Agriculture and Fisheries, has kindly supplied the following report on work which his Department has undertaken during the year:—

Forty-two inspections of non-designated herd which supply milk to schools were carried out and a total of 535 animals were examined.

Two cows were found to be suffering from mastitis, one cow was found to be suffering from tuberculosis.

According to our records, 24 non-designated herds were supplying milk to schools.

HAIR HYGIENE

	Primary, Secondary and Special Schools.		
	<i>Routine</i>	<i>Casual</i>	<i>Routine and Casual.</i>
1. Total number of examinations of pupils in Schools, Homes or Clinics, by the School Nurses or Nursing Assistants	148,811	16,338	165,149
2. Total number of individual pupils examined	52,785	3,203	55,988
3. Total number of individual pupils found infested	1,138	298	1,436
4. Infestation Index	2.0	.5	2.5
5. (a) Number of individual pupils in respect of whom cleansing notices (V.1.) were issued (Sec.54(2), Education Act, 1944)	506	87	593
(b) Number of individual pupils in respect of whom cleansing orders (V.2's) were issued (Sec.54(3), Education Act, 1944)	28	15	43

6. Number of cases in which legal proceedings were taken:—
 Under Section 54(6) of the Education Act, 1944 .. 1 (2 *children*).
 Under Section 54(7) of the Education Act, 1944 .. *Nil*.
7. Number of successful prosecutions under Section 54(6) of
 the Education Act, 1944 1 (2 *children*).
8. Number of successful prosecutions under Section 54(7) of
 the Education Act, 1944 *Nil*.

Only 9 cases were actually submitted for proceedings during this year.

In addition, Pediculosis Surveys took place in the case of pupils up to the age of 18 in some Further Education Schools.

PHYSICAL EDUCATION

During the year meetings were held with the County Organizers of Physical Education in order to evolve ways of improving the liaison of the Medical Staff with that of "Physical Education." Assistant County Medical Officers attended special demonstrations of Physical Education in their areas, and a joint meeting of Assistant County Medical Officers and the Physical Education Staff was held, when a fruitful discussion took place. As a result our Remedial Exercises Schedule was revised to fit in with the new methods of Physical Education. One is impressed by the way in which the new

methods are of assistance to minor orthopaedic defects. Furthermore, as noted in the reports of individual medical officers, lectures were also given to interested groups on "remedials".

For the submission of the following reports on the Physical Education of boys and girls during 1951, I have to thank the Organizers, Miss K. Hacker and Mr. A. A. Brown, respectively:—

This year cannot be regarded as an outstanding year in Physical Education. It is a matter of regret that we are still short of three Organisers and that this subject has suffered because of economies which the Education Committee has felt bound to make. The rising prices of all sports and gymnastic equipment and the increases in fares for travelling have limited many school activities. Under these difficulties the teachers have worked well, skilfully improvising in many directions and taking part in some new ventures.

It was with great regret that we learned that the Education Committee had cancelled the grant for swimming. This was a great blow to many schools where a tradition was growing for children to learn to swim in either the last year while in the primary school or during the first year in the secondary school. The sequence in instruction is now broken. Some schools managed to continue with swimming, but all expenses, other than tuition, were borne by the children.

SECONDARY.

All-round training is very desirable and most schools cover a wide range of activities. Boys and girls are generally in separate groups. Activities for boys are gymnastics, association and rugby football, cricket, hockey, basketball, badminton, athletics, swimming, boxing, wrestling and other personal contests. Suitable activities for girls include dance, gymnastics, netball, hockey, tennis, badminton, athletics, rounders and swimming. A daily lesson in some form of physical education is desirable.

In the senior classes in the grammar schools a stronger recreative element is introduced into the training. Some school physical activities continue in leisure time though many centres are handicapped through the children returning immediately after school to their own villages some miles away. Inter-house matches are often impossible except during the games lesson in school time.

School and inter-school matches continued in the major games and for the first time schools began to compete against one another in basketball. This is an excellent game and as more teachers learn how to teach it we feel that it will become extremely popular.

Many boys' schools play association football during one of the winter terms and hockey or rugby football in the other term. There is a lack of co-ordination in this matter and inter-school matches could be arranged more easily if agreement could be reached over the terms when certain types of games are played.

In the winter, girls mostly concentrate on hockey and netball. The Devon County Women's Hockey Association run a Schools Hockey Tournament which usually is regarded as preliminary

County Trials, and this year 16 grammar school girls were placed, either in the Junior County Hockey XI or as reserves.

Tournaments for girls under 15 are also run for the secondary modern schools.

The Netball Leagues run in the County continue to flourish, and most of the schools take an active part in these.

Tennis has been started in some more secondary modern schools. This game is encouraged to be used as a means of further recreation when girls leave school.

PRIMARY.

In centres where refresher courses have been held and where Organisers have been working, the lessons are generally well taught and the work of a high standard.

Teachers respond well to the more informal approach in the lesson and are keen to help in the development of the many skills and activities possible with the use of small pieces of apparatus. Gradually the children are led up to activities demanding more style as well as effort.

The changing into suitable clothing which is light and warm permitting complete freedom of movement is here good, and is an accepted part of the lesson. In many areas, however, greater stress must be laid on changing for a lesson. Some schools are availing themselves of a circular letter from the Chief Education Officer which is sent to parents stating the many values derived from physical exercise done in correct clothing. The County Physical Education films are often shown to Parent/Teacher Associations to stimulate interest in the work and to gain their co-operation in providing suitable clothing.

Good facilities are essential. Most schools have a playground, a few schools have a hall or room suitable for indoor work, and it has been possible to hire in some cases halls close to the school; few schools have a good playing field, though here again a certain number are hired.

Small apparatus forms an essential part of the P.T. lesson, and most schools are able to replace the equipment worn out in the year, on the allowance made by the County. In the smaller schools, however, and in those schools with a separate building necessitating a second set of equipment, the allowance is inadequate for the requirements.

We have been fortunate in being able to purchase some individual playground mats. These are essential in every school since many activities involve lying on the floor. Mats are still in short supply and many schools are having to use those issued about fifteen years ago.

“All-age” schools are unfortunate in that they get for all children only the primary schools grant, and the older children take part in inter-school matches against secondary schools at a great disadvantage. It seems unfair that the children of secondary school age in unreorganised schools cannot have the same advantages as

the more fortunate boys and girls in reorganised secondary schools. This could be remedied to a great extent if these children receive grants for equipment on the secondary school basis.

SWIMMING.

Through the cancellation of the grant for swimming this very worthwhile activity was carried out on a greatly reduced scale. Unless we are able to resume swimming once more as in the past many children will leave our schools without having had the opportunity of learning to swim. This will be a most retrograde step in a county so closely connected with the sea.

ATHLETICS.

The mounting interest in athletics continued. Systematic training in track and field events was carried out for much of the year and culminated during the summer term in inter-school contests and the County meeting in Plymouth. The Devon Public and Grammar Schools held the boys' contests in Tavistock at Kelly College, while the girls met at the Grammar School in Tavistock.

For the first time Devon sent a team to compete in the national championships of the County Schools' Athletics Association. Our number was small (a team of 19 competitors) and our turn-out left much to be desired. The spirit of the team was excellent and though we only managed to provide one national title winner and another girl who gained a third place, the experience of competing against the pick of the athletes in the country was most useful.

STAFF AND GYMNASIA.

Our aim is to have a teacher holding a Diploma in Physical Education on the staff of all Grammar and Secondary Modern Schools with a gymnasium. We have experienced difficulty in attracting suitably qualified women teachers where conditions are not good. There are so many schools in the country with fully equipped gymnasia that it is hard to tempt women with good qualifications into schools with poor facilities.

In the appointments for boys' schools we have been more fortunate and six of the seven men appointed during the year hold a Diploma. This is a most satisfactory state of affairs, and fifteen or our men teachers now hold this qualification.

A quarter of the gymnasia were completely overhauled by the manufacturers during the year and minor jobs of work were done by local contractors at some centres.

FILMS.

One of the Ministry's Inspectors has stated that the film we made last year on primary schools work is one of the best in use in this country at present. They have stated that it would now be very useful to make a film for use in secondary school work and this we are most anxious to do.

The films are used in the training of teachers as well as for the children in schools.

FURTHER TRAINING OF TEACHERS.

Courses for teachers form a very important and vital part of the Organisers' work, for it is upon the success of these and on the "follow-up" visits to the schools to face individual problems and give further advice that the standard of the training so largely depends. Many of the teachers who attended courses have been visited and helped, but the area is so large that some of the value of the courses is lost when teachers are not seen.

Through the co-operation of the School Medical Officer and his staff we organised a course for teachers in School Remedials. There is a great need for more courses of this type in many of our areas. In some of the bigger schools remedial classes have been formed and excellent results are obtained. It is our general policy to encourage the inclusion of exercises of a remedial type in the ordinary lesson—here we aim for work which is preventative as well as remedial.

Courses were held in the following centres:—

Crediton	(P.T.)	Exmouth	(Folk Dancing)
Chulmleigh	(P.T.)	Totnes	(Association Football)
Holsworthy	(P.T.)	Great Torrington	(P.T.)
Torquay (Remedial Exercises)			

The Education Committee has been most generous in giving assistance to the Devon Physical Education Association which holds a One Day Refresher Course once every term in various parts of the County. The Association in Devon is the biggest of its kind in the country, and during the year has provided for the teachers many excellent demonstrations in a wide variety of physical activities.

Five teachers were aided by grants to attend vacation courses and four scholarships were awarded to students taking a three-year training in physical education.

FURTHER EDUCATION.

64 classes in physical recreation were held under the Evening Institute Regulations, many of which were visited by the Organisers.

It was disappointing to find that some of the "Keep Fit" classes closed through lack of support and the falling off in attendance.

ORGANISING STAFF.

Our thanks are due to the Assistant Organisers for their excellent work. During the course of the year two of the women organisers left the county; we welcome their successors amongst us.

We thank the Central Council of Physical Recreation for their assistance on teachers' courses and for advice and help in further education."

HANDICAPPED PUPILS

The following Tables show the position regarding Handicapped Children in the Area:—

Handicapped Pupils requiring Education at Special Schools, or Boarding in Boarding Homes. (Excluding Hospital Special Schools.)

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1951:—										
A. Handicapped Pupils newly placed in Special Schools or Homes ..	1	8	7	3	21	7	39	28	6	120
B. Handicapped Pupils newly ascertained as requiring education at Special Schools, or boarding in Homes ..	—	4	5	—	17	7	59	17	3	112

Number of children reported under the following Sections of the Education Act, 1944, during the year:—

- (a) Under Section 57 (3) (excluding any returned under (b)) .. 29
 (b) Under Section 57 (3) relying on Section 57 (4) .. 3
 (c) Under Section 57 (5) 32

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st, 1951:—										
C. Number of Handicapped pupils from the area:										
(i) attending Special Schools as:										
(a) Day Pupils	—	1	3	4	45	11	1	—	—	65
(b) Boarding Pupils ..	19	24	25	7	7	15	70	3	7	177
(ii) Boarded in Homes	—	—	1	—	—	—	—	38	—	39
(iii) Attending independent schools under arrangements made by the Authority ..	—	—	—	—	—	1	1	7	2	11
Total (C) ..	19	25	29	11	52	27	72	48	9	292
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere ..	—	—	—	2	12	13	1	—	—	28
E. Number of Handicapped Pupils from the area requiring places in special Schools (including any such unplaced children who are temporarily receiving home tuition) ..	2	3	4	—	—	4	191	3	1	208

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of Handicapped Pupils in the Financial Year ended 31st March, 1951 £2,485

TORQUAY OPEN-AIR SCHOOL

As noted in my opening letter there has been little change in conditions since last year, except that alterations have been made in the main house to make the rooms habitable as classrooms during the Winter, but in spite of this there is still gross overcrowding of the classrooms.

The following tables show the position in regard to the number and types of cases accommodated at the school:—

Table (A).

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Number remaining on Register from 1950	37	39	76
Number admitted during 1951 ..	10	8	18
Number discharged during 1951 ..	11	9	20
Number remaining on Register at end of 1951	36	38	74

Table (B).

<i>Periods on School Register.</i>	<i>Pupils remaining.</i>	<i>Pupils discharged.</i>
Under 6/12	6	3
6—12 months	12	—
1—2 years	18	7
2—3 „	22	3
3—4 „	6	3
4—5 „	4	2
5—6 „	4	—
6—7 „	1	1
7—8 „	1	1
Totals ..	74	20

Table (C) and (D).

*Classification of Children (C) Remaining on Register at end of 1951.
(D) Discharged during 1951.*

Condition				Remaining			Discharged		
				Boys	Girls	Total	Boys	Girls	Total
Delicate	including	Tuberculosis							
Contacts)	..	..	..	20	27	47	9	4	13
Asthma	..	..	..	5	—	5	1	2	3
Congenital Heart Disease				3	2	5	—	—	—
Spastic Paralysis				2	—	2	1	—	1
Albino				1	—	1	—	—	—
Recurrent Bronchitis				1	—	1	—	—	—
Coeliac				1	—	1	—	—	—
Rheumatic Heart Disease				1	1	2	—	—	—
Infantile Paralysis				2	2	4	—	—	—
Epileptic				—	3	3	—	1	1
Partially Sighted				—	1	1	—	—	—
Cretin				—	2	2	—	—	—
Bronchiectasis				—	—	—	—	2	2
Total				36	38	74	11	9	20

One must pay tribute to Miss Laycock, the Headmistress, and to her Staff, for the excellent work they did in discouraging circumstances.

MENTAL HEALTH SERVICES

Notes on the report of the Medical Advisor in Mental Health

THE CHILD GUIDANCE SERVICE.

Dr. McLeay reports that:—

We are still without the services of a Psychiatrist for Child Guidance and the Clinics cannot be run adequately without a full team of qualified workers, Psychiatrist, Psychologist and Psychiatric Social Worker.

We are fortunate in having a full-time Psychologist in the Medical Department, and the services of the Senior and Assistant County Educational Psychologists but we only have the Part-time

services of a Social Worker in Child Guidance, having been unsuccessful in filling the vacancies for two Psychiatric Social Workers. It cannot, however, be too strongly emphasised that without a Psychiatrist at the Clinics the full diagnosis and treatment cannot be carried out and the optimum benefit obtained for each child.

Devon children living in the vicinity of Plymouth are dealt with by the Plymouth Local Authority Child Guidance Clinic for treatment as arranged under the Scheme approved by the County Education Committee.

STAFF.

PSYCHOLOGIST.

Miss A. M. Silver, M.A. (Lond.) resigned and left on 6.4.51

We were very fortunate in securing the services of Miss M. E Yeo, M.A. Dip. Psych. (Oxon), who commenced her duties on 1.7.51

SOCIAL WORKERS IN CHILD GUIDANCE.

Mrs. J. M. Hogg, Resigned 31.8.51.

Mr. A. D. Thorne. Appointed temporarily. Resigned and left on 31.10.51.

CRICHEL HOSTEL, TOTNES.

Mrs. Champernowne and her Assistant, Miss Guy, who were employed on a sessional basis, visited Crichel Hostel once weekly, to give Play Therapy, but resigned from their work and terminated employment at the Christmas Holidays.

THE CHILD GUIDANCE SERVICE.

There are three Child Guidance Clinics run by the Devon County Council:—

Boutport Street, Barnstaple. First Wednesday in the month
10.30 a.m. to 4.30 p.m.
(by appointment)

School Clinic, Castle Road, Mondays 10.15 a.m. to 4.30 p.m.
Torquay. Tuesdays 10.15 a.m. to 12.30 p.m.
(Remedial Teaching)
Thursdays 10.15 a.m. to 4.30 p.m.
(by appointment)

Alice Vlieland Clinic, Mondays 9.45 a.m. to 4 p.m.
Bull Meadow Road, Exeter. Fridays 9.45 a.m. to 4.30 p.m.
(by appointment)

At the three Clinics 141 new cases have been examined. Attendances for re-examination and treatment have mounted to 921. The number of new cases seen at the Plymouth Child Guidance Clinic was 25 and there was a total of 56 attendances for re-examination and treatment.

ATTENDANCES AT CHILD GUIDANCE CLINICS during the year:—

	<i>Old Cases Seen.</i>	<i>New Cases Seen.</i>	<i>Attendances for re-examination and treatment.</i>
Barnstaple	9	17	10
Torquay	52	74	456
Exeter	26	50	455
Plymouth	—	25	56
TOTALS ..	87	166	977

HOSTELS FOR MALADJUSTED CHILDREN.

There are two Hostels run by the Devon County Council:—

Crichel Hostel, Totnes.

Crownwell Hostel, Shaldon.

60 cases were treated in the Hostels during the year, and only one of the cases discharged has, up-to-date, required further treatment. All cases are followed up for a period after discharge.

On the 31st December, 1951, there were 26 cases under care and treatment in the Hostels.

Crichel Hostel, Totnes 12
Crownwell Hostel, Shaldon 14

Moreton Crescent Hostel, Exmouth, was closed on the 27th March, 1951, 4 children were discharged and the others were transferred to Crichel and Crownwell Hostels.

There were 47 admissions to the Hostels during the year:—

Crichel Hostel 25
Crownwell Hostel 20
Moreton Crescent 2

HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICES REGULATIONS, 1945

During the year, there were 130 ascertainment examinations in respect of Educationally Subnormal Pupils, and the necessary recommendations sent to the Chief Education Officer.

The number of cases recommended to the Education Committee for Report to the Local Authority were as follows:—

Section 57(3) of the Education Act, 1944 33
Section 57(4) of the Education Act, 1944 4
Section 57(5) of the Education Act, 1944 35

Cases actually reported by the Education Committee to the Local Authority:—

Section 57(3) of the Education Act, 1944	26
Section 57(4) of the Education Act, 1944	3
Section 57(5) of the Education Act, 1944	29

PROVISION OF SPECIAL EDUCATIONAL TREATMENT FOR HANDICAPPED PUPILS

The total number of children ascertained as Handicapped Pupils during the year are shown as follows:—

EDUCATIONALLY SUBNORMAL CHILDREN.

Res. Spec. School	Day Spec. School	S.E.T. in ordinary Schol	Ord. Class without S.E.T.	Home Tuition	Total Number	Total No. in Category on 31.12.51
76	6	41	2	5	130	471

RESIDENTIAL SPECIAL SCHOOLS.

Bradfield Special School, Cullompton	(Boys)
Withycombe House Special School, Exmouth	(Girls)
Courtenay Special School, Starcross	(Boys)

The number of Devon cases admitted to the Special Schools during the year amounted to 40.

At the end of the year 63 Devon cases remained at these schools. There were 56 boys at Bradfield School, 5 girls at Withycombe House, and 2 boys at the Courtenay Special School.

JUVENILE DELINQUENCY.

The number of cases examined in the Remand Homes amounted to 83:—

Ashburton Remand Home	55
Pinhoe Remand Home	28

In addition to children examined in the Remand Homes, a large number of cases referred through the Courts have been dealt with in the Child Guidance Clinics or in the two Hostels for Maladjusted Children.

EYE DISEASES, DEFECTIVE VISION AND SQUINT

					Number of cases dealt with by the Hospital Eye Service.
External and other, excluding errors of refraction and squint ..					603*
Errors of Refraction (including squint) ..	..	..	..		11,441
			TOTAL	..	<u>12,004</u>
Number of pupils for whom spectacles were:—					
(a) Prescribed ..	..	..	..	..	2,231
(b) Obtained ..	..	..	..	..	<u>2,230</u>

*In addition to the above 998 Minor Eye Defects were treated by A.C.M.O's or School Nurses, and 136 by Private Doctors or Parents.

The two Ophthalmic Surgeons report as follows:—

Dr. Foxwell.

There has been little outstanding to report during 1951. The repeated changes of prices and supply of glasses have naturally involved much extra work, particularly for the clerical staff, and a good deal of dissatisfaction and not a little hardship for the patients.

In January, 1951 the number of frames available free was drastically reduced to 6 nickel-base types with or without plastic covering of rims and sides. In addition 2 cellon-type frames were obtainable on payment of a small charge. This arrangement proved satisfactory till the economy changes introduced in May, 1951.

These were:—

Under 12 years. Nickel-type frames only supplied. All free.

12—15 years. Nickel-types complete with lenses free.

Two cellon-type frames as before, but at a slightly increased cost, and, *lenses charged* at 10/- per lens, adding £1 to the total cost.

16 years. All types chargeable, full adult range available at same prices.

To counteract this last regulation, which caused considerable hardship to many secondary-education scholars, the D.C.C. undertook to pay for lenses and nickel-type frames. In the meantime, a letter of protest was forwarded to the M.O. of the Ministry of Education, and whether due to this, and/or the protests from other sources, on November 1st, 1951 the regulation was altered, and children of 16+ years, in full attendance at school were allowed the 6 free types, and the full adult range, as desired. In consequence the D.C.C's generous offer was accepted in only a few cases.

My contention is, that this charge is directly contrary to the ethics of the School Health Service, which maintains that treatment, and therefore medical appliances shall be supplied to school children free of charge. Obviously spectacle lenses would not be ordered by an Ophthalmic Surgeon unless they were necessary, and as the 12+ year old group is the very one which contains the larger number of Myopes, where changes of lenses are more likely to be required, and are essential for the treatment of the condition, it is above all necessary that there should be no obstacles to their supply.

The matter has been brought to the notice of the Ministry of Education Special Branch, and the School Health Group of the S.M.O.H., in the hope that their protests may produce annulment of the charge levied for lenses.

Regarding the ophthalmic side, the last two years have shown a marked decrease in the number of convergent deficiency cases, which increased greatly in the three years following the War, and were, I am convinced, due to the uncertainty, instability and insecurity which were prevalent at that time, and though these conditions, to some extent, remain, they are not so apparent to the children, especially now that the schools are fully staffed, and the fathers at home again.

At the same time, there has been a slight increase in the numbers of mild belpharitis and styes, often due I think, to the high carbohydrate diet we are forced to consume. It responds quickly to treatment, but tends to recur, because it is at present, owing to economic conditions, impossible to evade the cause. Exacerbations are also noted during the Summer months in places catering for visitors and tourists, when many of the children cannot receive their usual care, owing to the pre-occupation of the parents, and late nights become the rule instead of the exception. The severe types have happily disappeared.

I must again record my thanks to the staff of the Hospital Eye Service, for their efficient care of the "supply" side. They have coped with the repeated changes of regulations, prices, Government contractors, etc. and have reduced the time interval for despatch of glasses and repairs, to days, instead of weeks or even months, which were the rule two years' ago.

Also, to the Health Visitors for their zeal in vision testing, and care of the occlusion of squint cases, both rather trying and difficult jobs, but well rewarded by the results of their labours.

My grateful thanks also to the Head Teachers, for their unflinching help in finding accommodation for examinations in frequently difficult and overcrowded conditions, and their co-operation in the ascertainment, as well as treatment, of cases of defective vision.

Finally, to Miss Newman, my assistant, for her conscientious work, which she carries out cheerfully and efficiently in spite of the many hours 'overtime' which it entails.

Dr. Hutton.

During the past year routine annual vision tests have been extended to all the schools in Torquay (with the kind co-operation of head teachers). Thus annual vision tests are now carried out in all schools in the County. In Torquay, as in some other areas, they are being done by specially instructed Nursing Attendants—to save throwing extra work on the Health Visitors. Squints have been operated on at an earlier age in the Torbay area with good result and contacts between the Orthoptic Clinic and the Hospital Consultants improved. Throughout my area generally I have been struck by the steady improvement in the ocular position which has taken place particularly during the past fourteen years. In 1938 I reported 15 cases of gross short sight requiring Special Educational facilities and expressed anxiety at the large number of milder cases of short sight occurring in adolescent children (see Annual Report 1938). Now in 1951 there are only five cases of gross short sight and correspondingly fewer milder cases. The total number of defects in individual schools has decreased and cases of Blepharitis (sore lids) and Phlyctenular Conjunctivitis of any degree are rarely seen. This improvement is not due to any change in the eye service but is, I think, a reflection of the improved health of school children generally, (due to better Child Welfare and Maternity Clinics, school milk, school dinners and improved physical training in the schools).

COST OF GLASSES.

While good types are available free to all children the cost of non free types has become rather anomalous. For example—Grammar and Senior School children who like cellon glasses have to pay 30/5d. for same (though hospital in-patients, children or adults can obtain *the same* glasses for 5/9d.). Also children with cellon glasses have to pay £1 for change of lenses (though hospital in-patients and children with free type frames can obtain *the same* change of lenses free of charge). It seems rather a pity that older school children cannot get cellon glasses merely by paying the difference in cost between free and cellon glasses (and change of lenses free) as was the case under the Education Act of 1945.

DUPLICATION OF SERVICES.

Children can still obtain free glasses through the Supplementary Sight Testing Service (the adult sight testing service) and the hospital out patients departments as well as through the school service. The triplication of free services for children has hindered the development of a really good school service and resulted in the supply of many unnecessary pairs of glasses under the supplementary service. Again it seems a pity that the supply of free glasses for children is not restricted to the school service as was the case under the Education Act of 1945.

Finally, I would like to thank you, Sir, and your Committees, the Deputy C.M.O., School Doctors, Nurses, Health Visitors and Teachers for the tremendous help you have given the service during the past year and for the undiminished interest you have shown in its welfare.

MINOR AILMENTS

“Number of defects treated or under treatment during the year by the A.C.M.O's or Health Visitor/School Nurses at the Clinics or elsewhere.”

SKIN.					
Ringworm—Scalp	..	..	..		11
Body	..	..	..		93
Scabies ..	..	..	..		113
Impetigo ..	..	..	..		712
Other Skin Diseases	..	..	..		1,470
EYE DISEASE. (External and other, but excluding errors of refraction, squint and cases admitted to hospital)					
..	..	..	..		998
EAR DEFECTS. (Treatment for serious diseases of the ear, e.g. operative treatment in hospital, is not recorded here)					
..	..	..	..		638
MISCELLANEOUS. (e.g. minor injuries, bruises, sores, chilblains, etc.)					
..	..	..	..		10,424
Total ..					<u>14,459</u>

While there was a decline, to some slight extent, in attendances at Minor Ailment Clinics, the possible reasons for which are noted in the reports of some of the Assistant County Medical Officers, a total of 36,079 attendances were made.

CLINICS

The names and addresses of the various clinics are as follows:—

NAME	ADDRESS				TYPE
Alphington*	..	Elementary School	..	..	Minor Ailment
Appledore*	..	Baptist Chapel	..	..	Minor Ailment
Ashburton	..	Grammar School	..	..	Minor Ailment
Axminster	..	Secondary Modern School	..	..	Minor Ailment
Bampton*	..	Gospel Hall	..	..	Minor Ailment
Barnstaple	..	Ashley Road Hut	..	..	Minor Ailment, Immunization and Dental Clinic

NAME		ADDRESS			TYPE
Barnstaple	..	Boutport Street	..	..	Speech Child Guidance Immunization & Vision
Bideford	..	Grammar School	..	..	Speech
Bideford	..	C/E. Institute	..	..	Minor Ailment
Braunton	..	Parish Hall	..	..	Minor Ailment
Brixham	..	Church House	..	..	Minor Ailment and Vision
Buckfastleigh	..	Council School	..	..	Minor Ailment
Budleigh Salterton*	..	Church Institute	..	..	Minor Ailment
Colyton*	..	Youth Club, High Street	..	..	Minor Ailment
Combe Martin	..	Junior School	..	..	Minor Ailment
Crediton	..	Newcombes	..	..	Minor Ailment, Immunization, Dental, Speech and Vision
Cullompton*	..	Parish Room	..	..	Minor Ailment
Dartmouth	..	Mayors Avenue	..	..	Immunization, Dental, Minor Ailment and Vision
Dawlish	..	The Knowle	..	..	Minor Ailment and Vision
Exeter	..	Alice Vlieland Centre	..	..	Child Guidance, Speech and Vision
Exeter	..	Royal Devon and Exeter Hospital	..	..	Dental " Gas " (Occasional)
Exmouth	..	St. Clements, Exeter Road	..	..	Minor Ailment, Vision, Dental, also Remedial & Breathing Exercises
Fremington*	..	Parish Hall	..	..	Minor Ailment
Holsworthy*	..	Chapel Street Schoolroom	..	..	Minor Ailment and Speech
Honiton	..	Secondary Modern School	..	..	Minor Ailment and Vision
Honiton	..	Wesley Hall	..	..	Speech
Ilfracombe	..	4, Market Street	..	..	Minor Ailment, Vision, Speech, Immunization and Dental
Ivybridge*	..	Methodist Sunday School Room	..	..	Minor Ailment
Kingsbridge	..	Greenhill	..	..	Minor Ailment, Vision, Dental and Immunization, also Remedial and Breathing Exercises

NAME		ADDRESS			TYPE
Lynton*	..	Methodist Church Hall	..	..	Minor Ailment
Modbury	..	Modbury School	..	..	Minor Ailment
Morchard Bishop*	..	Memorial Hall..	..	..	Minor Ailment
Newton Abbot		Glencoe, Courtenay Park	..		Minor Ailment, Vision Speech, Dental and Immunization
Newton Abbot†		Meadowside	..	..	Minor Ailment
Okehampton*	..	Fairplace Methodist Rooms	..		Minor Ailment
Okehampton	..	Old Grammar School..	..		Speech
Paignton	..	Central Clinic, Midvale Road			Minor Ailment, Vision Immunization, Dental and Speech
Paignton	..	Hayes Road	..	..	Minor Ailment
Plympton	..	Congregational Hall	..	..	Minor Ailment
Plympton	..	Secondary Modern School	..		Speech
Plympton	..	Primary School	..	..	Speech
Plymstock	..	Secondary Modern School	..		Minor Ailment, Vision Remedial and Breathing Exercises, Immunization and Dental
Salcombe*	..	Cliff House	..	..	Minor Ailment
Seaton*	..	Women's Institute	..	..	Minor Ailment
Sidmouth	..	Woolcombe House	..	..	Minor Ailment
South Brent*	..	Church Hall	..	..	Minor Ailment
South Molton*		99, East Street	..	..	Minor Ailment and Immunization, Speech, Dental and Vision
Tavistock	..	Church Hall, West Street	..		Minor Ailment, Vision and Speech
Teignmouth	..	St. James Parish Hall	..		Minor Ailment
Tiverton	..	St. Andrew Street	..	..	Minor Ailment, Dental, Speech, Remedial, Immunization and Vision
Torquay	..	Castle Road Clinic	..	..	Minor Ailment, Speech Dental, Immunization Child Guidance and Vision
Torquay	..	Barton Clinic	..	..	Minor Ailment, Dental Speech and Immunization
Torquay†	..	Audley Park	..	..	Minor Ailment and Immunization
Torquay†	..	West Hill	..	..	Minor Ailment and Immunization

NAME	ADDRESS	TYPE
Torrington ..	Church House, New Street ..	Minor Ailment
Torrington ..	Secondary Modern School ..	Speech
Totnes* ..	Borough Park	Minor Ailment and Immunization
Whimble* ..	The Shack	Minor Ailment
Woolacombe*	Methodist Hall	Minor Ailment
Yealmpton* ..	Chapel Rooms.. ..	Minor Ailment

* Medical Officer's Short Session Minor Ailment Clinic prior to Child Welfare Session.

† School Nurse only.

In addition there are a few Vision Clinics held quite separately. They are, of course, conducted by the School Ophthalmic Surgeons of the Regional Hospital Board.

Brixham Clinic was transferred from Brewery House to Church House, Bolton Street, in October, the Ottery St. Mary Clinic was closed in March, and "short-session" Clinics were discontinued at Witheridge and at Tamerton Foliot during the year. In addition, Health Visitors' Clinics at the Girls' Grammar School, Barnstaple, and at the Primary School, Holsworthy were discontinued in September and October respectively.

ORTHOPAEDIC AND POSTURAL DEFECTS

Mr. Norman Capener, Consulting Orthopaedic Surgeon, has kindly submitted the following note on his work in so far as it affected the School Health Service during the year:—

In the course of my work for school children, I still see too many feet which show signs of having been constricted within footwear that is too tight. Parents need constant reminder of the needs of growing children's feet. A shoe which is just right one month may by the next become dangerously short. This is particularly true during the rapid growth at puberty. Parents should realise that growth in girls at this age is much more rapid than in boys. The trouble is not only in footwear. Equally if not more important are stockings which shrink. Much can be done to prevent clawing of the toes and bunions by attention to these details.

Mothers of school children should lie down for at least half an hour after dinner. Their tempers and their backs and feet would be easier.

GENERAL HOSPITAL TREATMENT

The difficulty of getting reports on the admission to, and discharge of, children from Hospitals still persists in some areas, as there is no national machinery which ensures that the School Medical Officer of the area shall be informed of the treatment given to school-children at Hospitals.

SPEECH THERAPY

The County is divided into three areas for the purpose of Speech Therapy, but, unfortunately we were without a Therapist in the Northern Area as from 28th February, 1951, and in the Central/S.W. Area from 31st July, 1951, and in both cases we failed, in spite of advertising, to fill the vacancies during the year. In the Southern Area the Speech Therapist resigned on 28th July, 1951, but we were fortunate in being able to fill the vacancy as from 1st September, 1951.

It was possible to open a Clinic for Speech Therapy at Honiton and at Exmouth, during the year. The Honiton Clinic serves the cases in the East Devon Area, while Exmouth takes care of the children from that town and the neighbouring villages. As a consequence, it was possible to serve the clinic at Exeter with one session only. Dartmouth Speech Clinic was discontinued, and at Torquay the work was, as from March, concentrated on two clinics instead of three.

The following Table shows, approximately, the work done in the Southern Area only during the year:—

A.

I.	Cases in attendance at the beginning of the year	74
II.	New cases during year:	
	(a) Initial	24
	(b) Other	3
III.	Total number dealt with	101
IV.	Number of attendances	1805
V.	(a) Discharged	29
	(b) Left	9
VI.	Cases improved but not yet ready for discharge	57
	(Including any cases who have improved in any degree at all)	

TYPES OF SPEECH DEFECT OR DISORDER DEALT WITH

(Classified according to the predominating aspect of the disturbance.)

B.

I.	Defects of Articulation—e.g. Dyslalia (a lisp)	50
II.	Defects of Voice—e.g. Excessive Nasality	3
III.	Defects of Language—e.g. Aphasia (loss of ability to express with speech)	2
IV.	Defects of Communication—e.g. Stammer	35
V.	Multiple Defects—e.g. Cleft Palate	11

SANATORIUM TREATMENT

AND REPORTS FROM CHEST PHYSICIANS

(1) **Dr. R. L. Midgley, Medical Superintendent of Hawkmoor Sanatorium**, has kindly submitted the following report on children of school age admitted to the Sanatorium during the year:—

There was one child of school age in the Hospital on January 1st, 1951, fourteen were admitted during the year, and six remained in the Hospital on December 31st, 1951.

These children were grouped clinically as follows:—

R.B.1.	2
R.B.2.	3
R.B.3.	2
R.A.1.	3
N.R.A.	2
Bronchiectasis	3

(Explanation to above abbreviations:—

R.	respiratory.
N.R.	non-respiratory.
A.	T.B. not recovered.
B.	T.B. recovered.
1.	early disease.
2.	moderate disease.
3.	advanced disease.)

Group R.B.1. The two children in this group have chronic phthisis of adult type, which is responding to treatment, one by artificial pneumothorax, and the other by phrenic paralysis.

Group R.B.2. Of the children in this group, one was only two years old, and was admitted with a serious primary infection which responded well to routine rest treatment. He also had unhealthy tonsils and cervical adenitis. The tonsils were removed and were found to contain tuberculosis lesions.

The other two children also had severe primary infections which are responding to routine rest treatment. Both these children are still in hospital.

Group R.B.3. Both these girls have moderately advanced chronic bilateral pulmonary tuberculosis of adult type.

Group R.A.1. The three children in this group all had minimal infiltration which responded well to routine rest treatment, supplemented in one case by phrenic paralysis.

Group N.R.A. Both children in this group had tuberculosis cervical glands and cold abscesses, but tubercle bacilli could not be obtained from either case. The glands were removed by operation in each case, with a satisfactory result.

Bronchiectasis. The three children with bronchiectasis have been admitted to non-tuberculous beds in the Thoracic Surgical Unit. All are being prepared for operation.

Contacts. Of the ten children suffering from pulmonary tuberculosis, nine had a history of contact with an open case. No history of contact could be discovered for the two cases of cervical adenitis. This very high proportion of known sources of infection emphasizes once again the importance of the contact examination work carried out by the Chest Physicians, and the grave risk to which children are exposed who have to live in contact with open cases of tuberculosis. B.C.G. vaccination of uninfected contacts is being actively carried out in all parts of the County, and it is to be hoped that this, combined with the improved chances of segregating infectious persons which additional beds are providing, will bring about some amelioration in this deplorable state of affairs.

Discharges. Of those discharged during the year, three were fit for school, two were unfit, and one was below school age.

The average length of stay in the Hospital was 47 weeks.

Dr. A. J. McMillan. (*Barnstaple Area.*)

During the year 1951 a total of 267 children of school and pre-school age were examined for the first time, including 151 primary contact examinations.

Of this number, 26 were notified as suffering from Tuberculosis, with the following classification:—

			<i>Boys.</i>	<i>Girls.</i>
Pulmonary	..	..	5	10
Non-Pulmonary	..	..	6	5
		TOTAL	11	15

240 Tuberculin Jelly tests were made,
58 of which were Positive.

266 Mantoux tests were carried out in connection with
B.C.G. vaccination.

76 children were vaccinated with B.C.G. vaccine and
became Mantoux converted.

About 750 X-ray examinations of children were made
and over 500 E.S.R.

During the year, one teacher in a primary school was found to be suffering from Pulmonary Tuberculosis, and was admitted to a Sanatorium. All children at the school were Tuberculin Jelly tested and the positive re-actors examined and X-rayed together with other members of the Staff.

In another school, one child was found to have active Pulmonary Tuberculosis, and the same routine was carried out.

In a third school, the husband of a teacher occupying the school-house was found to have Pulmonary Tuberculosis, and arrangements for segregation were made.

36 children were referred to the Physio-therapy Department of the North Devon Infirmary and elsewhere for treatment of such conditions as asthma, bronchiectasis and partial atelectasis of lung.

Dr. G. E. Adkins. (*Exeter Area.*)

A total of 787 children were examined and, except in a few cases, X-rayed. The cases were divided as follows:—

Primary examinations	—	Contacts ..	.. 174	(139)
		Non-contacts ..	.. 121	(114)
Re-examinations	—	Contacts ..	.. 374	(128)
		Non-contacts ..	.. 118	(142)
TOTAL			.. 787	(523)

Of these the following tuberculous conditions were notified:—

“Adult” type pulmonary tuberculosis	..	..	1
Pleural effusion ..	..	..	1
Spreading primary focus ..	..	..	3
Tuberculous meningitis ..	..	..	1
Abdominal tuberculosis ..	..	..	1
Tuberculous cervical adenitis ..	..	..	6
TOTAL			.. 13

The criterion for notification was that the child was sufficiently ill to be removed from school and given treatment, either domiciliary or institutional.

The B.C.G. vaccination campaign has gone forward steadily but undramatically. 67 children were done during the year, as compared with 32 in 1950. This number appears to be small, but the percentage of children at risk who are tuberculin negative is small, and it appears that the majority of those at present eligible in the area have been done. Parental consent was seldom refused. The jelly test is being employed in most children as the sole preliminary test, and in at least two cases, children with calcified foci on X-ray, who would probably be positive on a full-strength Mantoux test, have been vaccinated. In each case the local reaction has been immediate, rather than delayed two weeks, but otherwise similar. Tuberculin conversion remains 100%. A few cases negative to the jelly test have been positive to a Mantoux test.

A further sputum positive case of tuberculosis in a school teacher has been recorded. She had been in charge of a class of about 40 children aged 8—10 years. The class was tuberculin jelly tested and one third were positive, which is the figure one might expect to find in any similar age group. Those positive were X-rayed, but no evidence of tuberculosis was found, except in one child who was ill at the time of the examination and was tested at home. He had a large primary infection and is still undergoing treatment.

Dr. W. E. B. Wyndham Lloyd. (*Plymouth Area.*)

The year 1951 showed a diminution in the number of sick children sent to the chest clinic for examination, but an increase in the examination of child contacts. The total number sent for examination and X-ray was 243, of which 146 came from private doctors, 14 through the school medical service and most of the others were asked up by the chest physician, generally for reasons of contact. Besides these many more, as will appear below, were seen in connection with the campaign for immunising children who are likely to come into close contact with known cases of adult tuberculosis. The results showed a drop in the incidence of childhood tuberculosis. The table shows the figures for this and the preceding year.

			1950	1951
Primary lung tuberculosis	..	..	7	4
Meningitis	..	..	3	1
Pleural effusion	..	..	1	2
Adult type lung disease	..	..	1	2
Glands of neck	..	..	1	1
Surgical tuberculosis	..	..	2	1
			—	—
TOTAL	..		16	11
			—	—

The cases of primary lung disease were all treated at home and recovered. The one case of meningitis was sent to Bristol and is still under treatment there. The two pleural effusions were also treated at home and one of these boys went to Oaklands Park for convalescence. The two cases of adult type went to Hawkmoor where they are progressing favourably. The boy with glands of the neck had them removed by surgery at Hawkmoor with an excellent result. Cases of surgical tuberculosis are always referred to the orthopaedic surgeon. There were no deaths.

This year tuberculin testing was carried out on all child contacts as well as many sick children. In all 274 were tested for the first time and 145 repeat tests were done. The total numbers of positive reactions was 178, but this includes some eighty who converted to positive after vaccination with B.C.G.

Eighty-three children received B.C.G. inoculation. All but four became tuberculin positive after six weeks. The four who failed to convert were re-vaccinated. Of these, two have converted and the other two have yet to be re-tested.

Again it should be recorded that in Tuberculin Testing the children the co-operation of the Health Visitors in general and Miss Andrews, in particular, has proved of outstanding value.

1951 B.C.G.

	<i>Children.</i>
1. Preliminary tuberculin tests	274
2. Repeat ,, ,, ...	145
Total	419
3. B.C.G. Vaccination with successful conversions	81

CHILDREN'S HOMES AND NURSERIES

The Department co-operates with the Children's Committee in regard to the visiting of Children's Homes and Nurseries, and in the examination of the children in the care of the Children's Committee. The duties of the Assistant County Medical Officers now comprise:—

1. General supervision of the health of the children (excluding their dental health).
2. General supervision of the hygienic condition of the premises.
3. Attendance at the Home at regular intervals and with sufficient frequency to ensure close acquaintance with the health of the children.
4. Examination of the children at regular intervals.
5. The giving of advice to the person in charge of the Home on any matters affecting the health of any children therein or the hygienic condition of the premises.

All Children's Homes are visited once monthly and full medical examinations are undertaken thrice yearly for children in Homes, and monthly for those of under one year in nurseries. Children who are boarded out are examined at school on every occasion that a doctor visits for the purpose of carrying out a medical inspection.

The Health Committee maintains Oaklands Park, a Residential Home at Dawlish for children whose health would be improved by a change from their home environment. The Home has, as in the past, done valuable work during the year and the children without exception benefitted from their stay there. As the vast majority of children admitted come from schools which are administered by the Education Authority the following table is given:—

Number of recommendations for admission received ..	146
Number of school children admitted for the first time	
during the year	134
Number of children re-admitted	3
Average length of stay	12 weeks, 2½ days
Average gain in weight	4 lbs., 13 ozs.

CONSULTATION SCHEMES

The records of children referred to Consultants were as follows:

(a)	Child Guidance	..	..	..	..	166
(b)	Chest Physicians	..	..	..	..	112
(c)	Ear, Nose and Throat Surgeons	..	..	..	..	794
(d)	General Physicians	..	..	..	..	32
(e)	General Surgeons	..	..	..	..	36
(f)	Dermatologists	..	..	..	..	75
(g)	Orthopaedic Surgeons	..	..	..	..	382
(h)	Ophthalmic Surgeons	..	..	..	..	51*
(i)	Cardiologist	..	..	..	..	30
(j)	Any other	..	..	..	..	9
TOTAL						1,687

* These were cases specially referred for consultation.

INFECTIOUS DISEASES IN SCHOOLS, AND IMMUNISATION

Children were absent from school on account of infectious or contagious diseases during the year as follows:—

Chicken Pox 1,130, Conjunctivitis 22, German Measles 1,020, Measles 3,409, Mumps 1,022, Scarlet Fever 111, Ringworm 23, Impetigo 17, Other Skin Diseases 26, Typhoid 2, Whooping Cough 671, Other Diseases 76. (Total 7,529.)

It is of interest to note that there were no School Closures on account of infectious diseases.

In this County we arrange reinforcement doses of diphtheria antigen when the child enters school and before leaving the primary school for the secondary school. That is to say reinforcing doses are given at the age of five and at the age of ten. These reinforcing doses are given to the children whose parents consent, and who require them, more usually at the conclusion of the Medical Officer's reinspection on his visit to the school. A total of 6,742 reinforcing doses was given in the schools during the year.

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OF AGE

No. of cases examined by Asst. C.M.O's	..	..	979
No. of cases examined by private doctors	..	..	12
No. of cases found unfit for Employment, or who were refused Employment on other grounds	..	..	14
No. of cases in which Employers were prosecuted for offences against the Authorities Employment Bye-Laws under Section 18 of the C. & Y.P. Act, 1933..			—

CHILD WELFARE

The Scheme whereby in certain small schools parents may bring their "pre-school age" children for medical examinations, was again taken advantage of more this year, 113 having been examined against 66 in 1950.

NURSERY SCHOOLS

There are no Devon County Council Nursery Schools, or part-time Nurseries. The London County Council, however, run a Nursery School at The Cliffs, Dawlish, and make a grant to the Devon County Council to cover inspections by our Staff.

DIRECT GRANT SCHOOLS

There is an arrangement whereby medical and/or dental inspection is provided for recognised Devon pupils in the above-mentioned schools.

PRIVATE SCHOOLS

At two Convent Schools in the County certain children come under the Devon County Council School Health Scheme.

Only 10 children received Periodical Medical Examinations, none were examined as Specials and 16 re-examinations were made. Of the children who received Periodical examinations 2 were found to require treatment.

COMMENTS FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS

Dr. L. G. Anderson. (*Exmouth—part of, Budleigh Salterton, and St. Thomas R.—part of.*)

During the year routine Medical Inspections have been carried out as in previous years and an endeavour has been made to visit each school once each term.

Owing to the inclusion of special schools and residential nurseries it appears that the frequency of the school visits may, in some instances, have to be cut down to two visits each year in the future.

On the whole the year's work has proceeded smoothly and I should like to thank the Head Teachers of all the Schools which I visit for their help and co-operation and their interest in this important work.

Dr. M. E. Budding. (*Tavistock, Plympton and Holsworthy Area.*)

Medical inspections were carried out in all the schools in my area during the year and as before a commendable number of parents attended. The majority of children needing consultations with specialists were (a) those referred to E.N.T. specialist; (b) those referred to Orthopaedic clinics. Among the latter I noticed this year a surprising number of well cared for toddlers, having had cod liver oil regularly since the first few weeks, developing genu valgum. I am unable to account for this.

The general health of the children continues to be good and apart from a few persistent offenders (families) the cleanliness is good. I feel that the root of the trouble in the exceptional families lies in infected older members beyond school age whom we have no authority to clean, re-infecting the school age siblings. I do deprecate the tendency to "perms" in very young girls!

TONSILS AND ADENOIDS.

The waiting list is now almost two years and by the time operative treatment is undertaken the child has usually lost considerable schooling and unfortunately has usually developed at least one complication, e.g. otitis or bronchitis.

I am hoping to start post operative breathing exercise classes this year, particularly in the case of enlarged adenoids.

ORTHOPAEDIC DEFECTS.

There is also a waiting list of some months for clinic appointments and a very long time lag in getting children's shoes altered in the prescribed manner. Also they are so expensive that parents tend to make them last longer thus causing hallux valgus and hammer toes. But the solution, until shoes are cheaper, is unknown.

I have, with the co-operation of the headmaster, inspected all the children in the Tavistock Grammar School for postural and foot defects and started remedial exercises classes.

DENTAL TREATMENT.

Except for emergencies at Plympton there is no school dental treatment in the whole of my area! While private dentists are helping with extractions the majority of school children are having no preventive work done at all.

SPEECH THERAPY.

Speech clinics were started during the year by Miss Ryan at Tavistock, Okehampton and Holsworthy, and continued at Plympton. These were invaluable and the parents and teachers were co-operating enthusiastically. Unfortunately the area is without a single clinic since Miss Ryan left.

VACCINATION AND IMMUNISATION.

Despite hard work done by the H.V's the proportion of babies being vaccinated is far from satisfactory. Immunisation however

still maintains the improvement noted last year. Largely due to persuasion and "charm" by the H.V's!

SCHOOLS.

A number of schools have been redecorated during the year with noticeable improvement. The teachers have been most co-operative at all times and I should like to take this opportunity of thanking them.

I am not happy about the washing facilities in the great majority of schools, only roller towels being provided, and only a few at that, and rarely being changed more than twice a week at the most. The vast majority of children I find never wash their hands once during the day even when they are away from home all day. This means that they do not wash the hands as a routine before dinner and neither do they after a visit to the lavatory. I should like to see every child bring his own towel, or piece of towel, to school every week and taught by us and the teachers to use it. I feel that we should press for this, particularly as prevention of food poisoning, and its relation to personal cleanliness, is to the fore just now.

SCHOOL MEALS.

This service continues of greatest value and some of the new canteens are models of modernness enough to cause envy to any housewife. They are kept beautifully and the staff appear to use the cooking and personal hygiene facilities to the full. The school buildings suffer by comparison often. I am always sorry to see the room used as an extra classroom.

TRANSPORT.

I am not at all happy about this whole question, especially when the only available transport for a small child is that taking the older ones on to the Senior School miles away and therefore dropping him at school far too early and picking him up far too late. A number of parents complain of the long day for them and there is little I can do, but sympathise!

In addition to my report already sent I would like once again to make a plea for a mobile clinic for the part of my area (particularly) on either side of the main Okehampton—Launceston road. No doubt it would be invaluable in other areas also. But this area is completely isolated at present, it being quite impossible for people to get to clinics by public transport, and also by being too few for area clinics to be set up. Even if cars could be provided for sessions the distances are far too big and would be a waste of public money. I feel money would be well spent on some sort of mobile van. A mobile dental clinic also would be invaluable for use in places such as Bridestowe, Princetown, etc., which have no dentist and also from such villages transport is difficult.

VISION.

The eye service in this county continues to be an example of excellence. This is particularly noticed when examining Grammar school entrants when almost invariably a few new ones from "private" schools previously are found to have defects of quite surprising degrees sometimes, but have never had a single vision testing in a school life of presumably 6 years and no glasses. (The same applies to immunisation. They were immunised as babies, but not since.)

OAKLANDS PARK.

A number of children benefitted from a stay here.

For the rest there is little else to say except that once again there was surprisingly little scabies and impetigo, the prevalent skin ailments being ringworm and urticaria. Otorrhoea not common but impossible to treat in weekly school clinics. In fact the less said about one or two of the latter buildings the better. But the premises are immaterial for a large amount of the work which is advisory.

Some cases were investigated under the epidemiological survey and two cases had skin tests done for reactions to Psittacosis agglutination tests—which proved negative.

In conclusion I should like to thank all those who have been of invaluable assistance to me particularly the Health Visitors and School Nurses.

Dr. T. J. Davidson. (*Bideford Area.*)

Work in my area has been of a routine nature mainly. All schools were visited at least once during the year. It was noted that fewer pupils required to be referred for treatment. This is due, probably to the fact that parents can and do now get most defects attended to through their own Doctors.

There is an improvement in the position as regards removal of tonsils. Cases receiving treatment at Bideford appear to be about up to date. In the area where the cases go to Barnstaple there are still a number of outstanding cases. The want of a Speech Therapist has meant that children requiring treatment for Speech Defects have been neglected.

Head Teachers and Health Visitors continued to give me every assistance as in the past.

Dr. H. M. Davies. (*Newton Abbot Area.*)

Of the twenty-six schools in the area which are attended by me all have had at least one full inspection of children reaching the ages of 5, 10, 12 and 15 years, and in the case of the Grammar Schools a final examination in pupil's last term at school.

At the present time the Education Act 1944 demands that the Education Authority shall carry out full Medical Inspections at the ages of 5, 10 and 15 and speaking personally I would be glad if the routine examination of children at the age of 12 could be eliminated from the County's scheme. My opinion is that the examination of the 12 year old group seldom reveals any new defects which had not been discovered at earlier inspections. It would appear to me that the time saved by the elimination of this non-obligatory medical examination could be very much better spent in the more frequent supervision of these children in whom some defect had previously been discovered.

INFECTIOUS DISEASES.

No cases of Acute Poliomyelitis were notified among school children in the area during the year 1951.

A moderate epidemic of measles occurred in the period May to August with a peak in July.

DEFECTS DISCOVERED AT MEDICAL INSPECTIONS.

The most common defects discovered continue to be those of the ears, nose and throat, the minor orthopaedic defects and dental caries.

CLEANLINESS.

The presence of vermin has been almost eliminated in the school children in this area. This is a very considerable success when one considers the relative frequency of cases 4—5 years ago, and shows what good results may be obtained by frequent inspection.

The general cleanliness of children in the schools in this area is good, but there is a minority in all schools which is below the standard we may reasonably expect.

DIPHTHERIA IMMUNISATION.

This important work went on uninterrupted during the year and a large proportion of the parents in the area continue to take advantage of the protection offered.

It is noteworthy that no cases of Diphtheria have been notified in the Newton Abbot area for over 5 years. This must not be taken to indicate that Diphtheria Immunisation is no longer necessary: the need for Immunisation remains as great as ever.

Once again I express my thanks to the Health Visitors, Nursing Assistants and Head Teachers for their assistance and co-operation during the year.

Dr. A. Dick. (*Paignton Area.*)

Generally the health of school children in Paignton was good. There seems to have been fewer minor ailments of a septic character and fewer cases of accidents attended at the Central Clinic. On the

other hand attendance of parents—both at the Clinic and at school inspections—has increased. At this Clinic there has been a decline in the number of cases of Otorrhoea, but no apparent decline in the number of multiple warts. A more efficient speedier remedy for plantar warts is still awaited.

Juvenile Employment has cured at least one case of petty thieving by providing that little extra pocket money so much desired.

Dr. D. Green. (*Honiton Area.*)

The health of the school children generally has been good. The greatest number of defects are degrees of flat foot and poor posture. The latter is difficult to treat and appears to be nutritional in origin.

Parents are becoming more co-operative in having attention to foot troubles.

There is still too much reluctance to have dental treatment at school—often where no private treatment or observation is provided.

The standard of physique is much higher in urban than in rural areas.

Dr. M. H. King. (*Ashburton, Brixham, Dartmouth Area.*)

ATTENDANCE OF PARENTS.

Excellent at 5, 10 and 12 year old examinations but few come with older girls and boys. I repeat that I consider the girls and boys themselves prefer that.

CLEANLINESS.

General standard good but I do not think there has been any improvement since last year—in fact I have seen more flea bites this year than for some time. H.V's visit the homes in these cases. The ideal of clean teeth, ears, nails and feet yet to be attained. I might mention here the rather uphill fight one has in connection with showers in schools. As with all innovations it takes time to convince the children *and* their parents—when it is found that there are no dramatic ill-effects—showers will eventually be unremarkable and taken as a routine.

CLOTHING.

The majority of children are very well clad. Really surprisingly so when one considers the present cost of children's clothing. Those who are underclad in cold weather belong to the core of unsatisfactory families which one expects will be always with us.

FOOTWEAR.

Parents are increasingly conscious of the importance of suitable shoes. Insistence on this at Welfare Centres is bound to have good

results. The standard has improved since "Coupon" days but now many parents find the high cost of shoe repairs prohibitive and dilapidated shoes are worn too long. Conscientious teachers have to be constantly on the watch for the child who comes to school in Wellingtons and has no change of shoe.

SKIN.

One finds the occasional case of mild impetigo. Never the shocking head impetigo that one found many years ago. I have not seen a case of scabies this year. No head ringworm. Very occasional case of body ringworm—usually in a farm child. Main skin "disease" is urticaria—almost always due to diet error and easily dealt with *if* parent co-operative. These minor skin affections are kept under control by the vigilance of the teachers and by the treatment at minor ailment clinics.

TONSILS AND ADENOIDS.

In accordance with modern teaching, one endeavours to reduce the number of these cases referred for specialist opinion, but the belief many parents hold in the efficacy of T. & A. removal as the cure for a variety of complaints dies hard, and one spends much time persuading over zealous mothers that it may not be necessary to have specialist opinion.

SPEECH.

One meets various types of minor speech defects among the entrants. I find it interesting to note that by the time these children are ready for junior school—most of these defects are no longer noticeable—only speech therapy having been efficient general teaching.

CERVICAL GLANDS.

Palpable in the majority of younger children but not among the seniors. One presumes that immunity to the various infections causing enlarged glands in the neck has been established.

ANAEMIA.

I find varying degrees of anaemia among the older girls. I was interested to note that on inspecting senior girls immediately after the summer holidays I considered the general physical condition of many of them to be poorer than at the end of the summer school term. This, I thought, might be accounted for by the 6 weeks without the excellent school dinners—by the wear and tear of "holiday" life, and by the lack of sun that summer.

ORTHOPAEDIC.

I consider that, with the increasing co-operation of the teachers, there is an improvement in the children's posture. Also, one hopes, that occasionally some of the advice constantly dealt out to the parents

through the years, occasionally bears fruit! Severe flat foot is rare. Mild degrees benefit by *regular* remedial exercise. It is, of course, impossible to get any child to exercise *regularly* without parents' help.

My general opinion is that the health of the school children is, on the whole, excellent. As it should be, considering the amount of time, care and money spent on their welfare. One notices the benefits derived from transfer from unsatisfactory to satisfactory housing conditions. Unfortunately some families find the high rents of these model dwellings compel the mother to become a wage earner which results in her having less time and energy for the care of the family in the home.

I note the overcrowding of some schools. In view of the present economy campaign there seems to be little that will be done re this.

The problem of dealing with the educationally sub-normal child remains unsolved. There is no possible chance of these children having any degree of individual attention in the present large classes, but, until special school accommodation is provided, I consider that these children are better in an ordinary school than in none.

I would like to thank all teachers and H.V's in my area for their constant courtesy and co-operation. Without this any effective S.M. work would be impossible.

Dr. M. S. O'Riordan.—(*Okehampton—Crediton Area.*)—From 1.4.51

During the year (1951) it was possible to examine the schools in the above areas three times, i.e., one Routine examination and two Re-inspections. The parents, or more specifically, the mothers, turn up in nearly all cases where the child is to be examined. Even if the fathers are free to do so they appear quite satisfied to be informed of the health of their young secondhand. I can recall only seeing two fathers since April; one at a medical inspection and one at a school clinic.

At routine medical examinations relatively few defects were noticed in the 5 year olds (the good advice of the I.W. clinics still ringing in the ears of the parents).

Also at 15 years i.e., school leaving age, few defects were noted having been referred and corrected before this by the School Medical Officer. The Routine medical examination at 10 years being most fruitful of defects.

DEFECTS NOTED AT EXAMINATION.

Main defects noted were:—

(1) ORTHOPAEDIC.

Flat feet, knock knees, round shoulders and bad posture, mild scoliosis.

(2) E.N.T.

Enlarged tonsils and adenoids.

Where otitis media has been encountered (not common) I have been struck by the indifference of the parents to this condition. They seem totally unable to correlate this condition with possible impaired hearing and I am forced to the conclusion that the ears are the orphans of the face.

(3) BRONCHITIS (CHRONIC) AND FREQUENT COLDS.

This complaint is common and is often directly related to bad housing conditions; i.e., families living in damp houses and houses that normally would be condemned.

SPECIALIST TREATMENT AVAILABLE FOR CORRECTION OF DEFECTS.

The area is adequately covered for the correction and follow-up of orthopaedic defects, and there is besides an orthopaedic Hospital, orthopaedic Clinics held in all towns so that in fact no child is deprived of treatment. The same is true of E.N.T. defects although the waiting list for the removal of T's and A's is still long.

The one outstanding void in these services is the lack of paediatric consultants.

SCHOOL TRANSPORT.

There is wide-spread feeling among the parents of small children at the hours which attendance at school entails. Due to being an isolated and very rural area it is not uncommon for a child to leave home at 8 a.m. and return at 4.45 or 5 p.m. This I consider far too long a working day for a small child, and reacts in the long run to their detriment. School Transport is also a thorny subject and it might well be that *all* children in a rural area should have school transport for which a charge could be made instead of "free" as at the moment.

SCHOOL CLINICS.

In my area I do one school clinic at Crediton. Many of the complaints are trivial and appear to be "knocks and bangs" sustained at school, for which the children present themselves. However the head teachers also take the opportunity very often of sending up children about whom they desire advice; and also there is a good deal of parent-teacher-doctor consultation going on.

I would like to pay tribute to the sterling work done by the Health Visitors which is carried out often under most onerous conditions both physical and psychological.

Dr. N. Proctor-Sims. (*Tiverton Area.*)

The health and nutrition of the children in the schools of this area has been, on the whole, good. Measles, chicken pox, whooping cough and mumps, have all had their turn and it is to be hoped at least that the majority of girls acquired mumps and thus obtained

the only benefit that such an epidemic can give. I am glad to say that a high proportion of mothers attend the school medical inspections and I regard time spent on examining the five year old entrant, advising the mother, and teaching health, as the most profitably spent of all the periodic medical inspections. Next to this in importance comes the examination of the near-adolescent, when one can often be of help in coping with psychological problems. It is now widely recognised that behaviour problems nearly always have their origin in abnormal stresses and strains in the home and in family relationships, but in my opinion lack of honest living and working are a common and very serious factor.

In view of the satisfactory reports published this year in the medical press I feel it is time that we gave combined whooping cough and diphtheria immunisation at the Infant Welfare Centres.

Lastly, I suggest that, with diminishing money and manpower in the County, a serious effort should be made to simplify forms and "paper work" as much as possible.

I acknowledge with pleasure the excellent co-operation I have had from Health Visitors and Head Teachers.

Dr. J. S. Rogers. (*Kingsbridge Area.*)

I began my appointment as a School Medical Officer to the Devon County Council for the Kingsbridge District on 1.10.51. Up to 31.12.51 I have completed medical examinations of 21 schools in my area. I found the health of the children examined to be on the whole very good. The chief defects appear to be:—

1. Pes Planus.
2. Bronchiectasis.
3. Enlarged cervical glands due to enlarged and septic tonsils.
4. Postural defects.

With regard to (1) I am of the opinion that the trouble is largely due to the habit of wearing gum boots and/or other rubber-soled foot wear, and have advised the wearing of leather soles where possible and bare feet for gym. classes where the floors permit. (2) I am much impressed by the greater frequency of this defect compared with its lesser frequency in the part of Kent where I have been working for many years. (3) In my experience these two conditions frequently subside in 1 or 2 years thus avoiding Tonsillectomy. With this end in view I think it well worth while observing such cases at every re-inspection. (4) Most of these defects are amenable to the good effects of the excellent remedial exercise clinics conducted so well in the bigger areas by the Health Visitors and also by the co-operation of parents at home to continue the exercises taught together with back-ward skipping. In conclusion I should like to thank the Headquarters Medical Staff, the Headquarters Clerical Staff, my A.C.M.O. colleagues, and the Health Visitors in my area, for their very kind help in initiating me into my work.

Dr. L. Solomon. (*Torquay Area.*)

SCHOOL MEDICAL INSPECTIONS.

Sixteen schools with a population of 4,541 were visited, and Routine (and Special) Examinations carried out on 2,424 children. At the same time 534 Re-examinations were done on other children. Owing to lack of available time and overloading of school lists it was not possible to visit 5 schools with a population of 1,071 pupils. The total school population of Torquay is 5,612 (excluding Girls Grammar and South Devon Technical College (Girls).

MINOR AILMENT CLINICS.

Daily Minor Ailment Clinics are held at Castle Road Clinic, Barton Clinic, Audley Park School and Westhill School, during school term, and attended by a Health Visitor. Once a week the A.C.M.O. attends at Castle Road and Barton Clinics where children and parents are seen preferably by appointment. This facility is much appreciated by the parents and the numbers attending have on many occasions resulted in the A.C.M.O. missing his lunch! Every opportunity is taken at these consultations to advise about maintaining health and preventing disease. The Waiting Rooms at the Clinics have brightly coloured posters on the walls, giving simple advice about preventing ill health, mental and physical.

FOOT AND GENERAL POSTURE.

This year particular attention was paid at School Medical Inspections to Foot and General Posture, and specially to minor defects likely to become more severe in later years. As a result of the large number of defects found, special Remedial Exercise Classes were started at several schools.

HEARING DEFECTS.

At the same time as the Visual Acuity Tests are done, simple tests of Hearing are carried out on all school children. As a result of these tests, and of the appreciable number of children suffering from Chronic Otitis Media or with perforated Eardrums, and because deafness is a cause of backwardness. I suggested that I be allowed to carry out a more detailed study of Hearing Acuity with a Gramophone Audiometer. This has not yet come to hand.

HEALTH EDUCATION.

During the year, and after working hours, many talks and lectures, illustrated by Health Films, were given to Parent Teacher Associations, Social Workers, Red Cross Society, etc., on various aspects of Child Health, Prevention of Illness, School Health Services, Food Hygiene, Normal Development, etc. These talks

have served a most useful purpose in establishing a personal liason between parents and the A.C.M.O. and also of satisfying the demand for authoritative information on health and disease. Many requests have been received for further talks. Having obtained the parents' interest, I consider it important to give similar talks to senior school-children in school because in 5 to 15 years' time they themselves will be parents. I have in mind talks on the Health Services, How the Body Works, Infections and how to prevent them, Infant Care and Feeding, Food Habits and Diet, Feet and Footwear, etc. Health Education in all its forms is an important function of the Local Health Authority.

OPEN AIR SCHOOL.

The Open Air huts of this school are unfit for use and have been kept closed. Some alterations to the main house have made it fit for use temporarily. This has led to overcrowding of the classrooms. Few new admissions have been recommended and it is hoped to reduce numbers still further in 1952. In spite of many difficulties Miss Laycock and her staff have done magnificent work. In the past year the average gain in weight has been just over 9 lbs. per child.

VERMINOUSNESS.

A steady campaign to reduce the number of verminous children attending school has been continued during the year. Lack of staff for a time, and the subsequent appointment of a new Nursing Assistant has given the campaign a fresh impetus. The extra duties of the Nursing Assistant have made it impossible for her to do more than one Routine Head Inspection a term. There is a need for another Nursing Assistant in this Area to do Casual Visits, Re-visits, and to visit homes and give advice. This would help reduce the number of verminous children more quickly than at present. In the 1st term 157 children were reported to be verminous and in the 3rd term 105 children were reported. Information, advice and help at home is needed.

I would like to thank Miss Fannon, and all other Nursing and Lay members of the staff for their work during the year.

Dr. H. R. Vernon. (*Ilfracombe—Barnstaple Area.*)

Every school has been visited at least once during the year and a full Routine and Re-inspection carried out. The great majority of schools had a second visit but a few did not owing to lack of time. This was due chiefly to the large increase in the number of entrants at 5 years' of age, which necessitated extra sessions at many infant and primary schools, and the corresponding increase in the number of Anti-Diphtheria Immunisations.

Generally speaking, the health of the children has been good, and the standard of nutrition of the entrants was very good. It was noted with satisfaction that the numbers requiring tonsillectomy or suspected of requiring tonsillectomy were greatly reduced, partly due to the number already operated on by arrangements made by their own private practitioners, but partly due to improvement in general health in children living in the less overcrowded conditions of council houses. "Nutrition C" cases were conspicuous only because of their scarcity and their contrast with the great majority.

Two factors, however, gave me much thought.

FIRST.

It was noticed during September and October examinations in the holiday resorts, that there was a lack of general vitality and well-being in many of the children, not what one would expect so soon after the summer holidays. On discussing the question with the Health Visitor and the Head Teacher, it was found that many of those children belonged to families who are known to fill their houses with summer visitors, or where the mother goes out to work all day and evening in hotels or restaurants, during which time the children have to eat, sleep and look after themselves as best they can. I understand that such conditions exist in many houses in the North Devon holiday resorts.

SECOND.

At one school I visited in September 1951, the absentee rate was about 15%. On enquiring from the Head Teacher the cause of this, it was stated that most of these were away on holiday with their parents. Hotel and Restaurant owners and managers and shop-keepers all have to take their holidays after the holiday season is over.

If so, it would bring up the question of school holidays being at different times in different parts of the Country, so that in the holiday resorts, the children would be at school for all July and most of August, so that they would get their school milk and school dinners at least, and then in September, they could go on holiday with their parents without missing their education. This would also help the Staggered Holidays scheme.

The closure of some of the country schools has brought its own problems, especially in the Exmoor area. Infants often have to walk some distance across fields or along farm roads before they get the bus for school, and again to get home after school. This means that they are away from home before daylight and it is dark before they get home, often a nine hour day for five year old children. I feel this is detrimental to their health.

Head teachers require to be especially thanked for their arrangements for medical examinations. They are working in many cases, in over-crowded schools, often with one class being held in a nearby hall. Yet they crowd their classes even further to make room for medical inspections without a grumble.

Parents have been most co-operative, in some cases 100% mothers attending medical inspections and carrying out any advice given with alacrity.

Finally, I have to thank Health Visitors, School Nurse, and Assistant Nurses, for their loyal support and the many duties they carry out to ensure that the Medical Inspections are carried out expeditiously and satisfactorily.

Dr. G. H. Walker. (*Exeter Area.*)

The pattern of work has varied little if at all from that of previous years. School Clinics are less well attended by the children, and hardly at all by the parents, who now seek the advice of their own doctors for minor disorders which previously were our domain. Minor ailments continue to diminish, due to the improved nutritional and housing standards of the population.

It was interesting to meet the P.T. organisers and to see the children doing P.T.—their enjoyment was obvious and their agility remarkable. Later I was invited to address a big group of teachers at a Conference held in Exeter. I galloped off on my two hobby horses “Posture” and “Breathing” for I feel that unless *conscious* control of these two bodily activities is acquired—P.T. will have been in vain. They are functions which persist and affect well-being throughout life—long after ability to play leap frog and to climb ropes is lost.

Routine school medical inspections are of most value in the 5 year old group. In the later age groups I am sceptical of their value, especially in the absence of parents.

I am frequently distressed by the bad footwear of some of the children and I think teachers ought to be asked to report cases of this kind to the school doctors. A child who sits in school all day with cold wet feet is in grave peril of lowered resistance to serious disease. I think every child has a right to be properly shod and that provision should be made for this by some means or other.

Parent-Teacher Associations act as a useful link between school and home. I would like to see school doctors incorporated in these groups and one or two sessions per year devoted to the problems and views on health of all concerned with the children. At Infant Welfare Centres, also, I am often conscious of the need for getting to know the father as well as the mother of the infant, and more especially of the toddler towards whom the fathers' influence and interest are increasing.

I wish to express my appreciation of the unfailing help and goodwill of the Health Visitors with whom I work.

THE SCHOOL DENTAL SERVICE

Report by Mr. J. Fletcher, L.D.S., Senior Dental Officer

STAFF.

Early in 1951 the Dental Whitley Council reached agreement on a national salary scale for Dental Officers, and this became fully effective on 1st April. Though not at once attracting new blood into the service it had the effect of preventing further resignations of whole-time officers. In addition to those reported in 1950 two further part-time dental officers, namely Mr. E. W. Falkner at Kingsbridge and Mr. W. R. Matthews at Tiverton have joined the staff, each giving 4 sessions weekly. Mr. Matthews was in the first place appointed "locum tenens" at Tiverton Clinic during the prolonged illness of Mr. K. W. Massey. Later in the year Mr. G. J. Derbyshire was appointed whole-time to Castle Road Clinic, Torquay, on completing his National Service in the dental branch of the Royal Navy. The year closed with the equivalent of just over 15 whole-time dental officers*. There were then only two areas, namely Tavistock and Holsworthy, entirely without a service, both unfortunately largely rural areas where the need is greatest.

DENTAL TREATMENT.

The figures for dental inspection show that there has been a slight increase in the percentage of those whom routine dental inspection revealed to be in need of treatment. This increase has been slight, but consistent over the past 6 years. The figure was 60% in 1945 and now stands at 68.2%. Individual dental officers have reported a deterioration in the condition of entrants and relate it to the increase in sweet consumption. A digest of the amount of treatment per 100 children treated (see table below) shows a sharp increase, as much as 11% over the previous year, in the number of permanent teeth filled. The high figure of permanent teeth needing filling has been commented on by several dental officers. In my own area two secondary schools were treated during the year, and on average it was found necessary to insert $2\frac{1}{2}$ fillings per child. Undoubtedly the raising of the school age is partly responsible for this increase in the number of fillings required in permanent teeth, as dental decay is particularly prevalent during early adolescence. In 1945 the figure per 100 children was 70 and it now stands at 109.

* The approved establishment of whole-time dental officers employed by the Education and Health Committees is 19.)

TREATMENT PER 100 CHILDREN.

	1946	1947	1948	1949	1950	1951
<i>Fillings.</i>						
Permanent Teeth	92.8	97.6	93.3	103	95.3	109
(No. of Permanent Teeth filled)	(83.2)	(90.2)	(84.6)	(92.5)	(83.4)	(94.3)
Temporary Teeth	13.8	12.2	16.7	15.2	11.1	14.5
(No. of Temporary Teeth filled)	—	—	—	—	—	(12.3)
<i>Extractions.</i>						
Permanent Teeth	14.6	11.8	11.4	13.7	13.2	14.8
Temporary Teeth	81.5	68	80.2	89.8	89.4	75.5
<i>Other Operations</i>	38	51	48	54	72	97.5

Apart from the few comments above, it would probably be unwise to draw further conclusions as to trends from these figures in view of the changes and fluctuations in the staff. It has, however, been noted that an increasing proportion of children, especially in grammar schools and in some urban areas, are receiving treatment under the General Dental Service. This is reflected in a drop of 6% in the acceptance rate. This in many ways is all to the good as it gives some relief to a hard pressed service, but it is nevertheless discouraging to the individual dental officer to find his acceptance rate falling. In the pre-National Health Service era the attainment of a high acceptance rate was a source of pride to individual officers, and all strive to achieve it. It provided a great spur to efficiency.

CLINICS.

No new clinics were opened during the year, but the Ministry of Education sanctioned the purchase of a Mobile Clinic (see p.62 of Report for 1950) on the basis of a ten year loan. An order has been placed for this vehicle, and its delivery is expected early in 1952.

ORAL HYGIENE.

Many dental officers have remarked that in a number of schools there is certainly room for improvement in the cleanliness of the teeth. The tooth brush can be of great value as a deterrent to dental disease, and although it is too much to expect it to prevent disease entirely, its proper use can lessen the severity of the attack and very much improve the prognosis of treatment. The school dental service, being part of the educational system, has an educative function to impart to the children a knowledge of the care of the teeth. In times such as the present, dental officers are bound to feel that they should devote as much time as possible to curative treatment. Nevertheless as was pointed out in an Education Circular some years ago my

colleagues and I are prepared to, and do give, talks to parent-teacher associations and others on this subject. Film strips on "Cleaning the Teeth", together with a script, which teachers can use, are available at the Medical Department for anyone wishing to show them.

The late Col. E. B. Dowsett admirably dealt with the subject of "Oral Hygiene" in his Presidential address at the Annual Meeting of the British Dental Association in July, 1951, and it is to be hoped that his remarks will tend to focus interest on this matter. Miss B. J. Shapland and myself were able to attend the Meeting by the courteous permission of the Committee, and to hear his stimulating address at first hand. We both wish to tender our thanks to the Committee for this privilege.

ORTHODONTICS.

It has still been considered necessary to limit this important work of correcting misplaced and badly aligned teeth in order to allow as much time as possible for routine fillings and extractions which must naturally take first place. Orthodontic treatment has been described by some as being luxury treatment. This is however far from being the case. Regularly placed teeth are not only less liable to disease, but the psychological effect on the child of ugly teeth is also of much importance and the change in their outlook when the irregularity is corrected is often most marked. The work of Mr. A. S. Peacock, the County Orthodontic Specialist Officer, in advising his colleagues on the treatment of their own cases and in undertaking the more difficult himself at the Clinics at Plymstock, Kingsbridge, Newton Abbot, Torquay and Exmouth, is worthy of much praise. It is hoped shortly to arrange sessions for him in Exeter, which could be combined with his visits to Exmouth, and so to spread the scope of his influence over a wider area.

The number of orthodontic cases under treatment at the beginning of the year was 309, the number of new cases commenced was 153, the number of cases completed during the year was 168, and the number of cases discontinued for other reasons was 96; transferred to other areas 17.

FLUORINE.

Dr. House at Paignton Clinic has in a number of cases attempted to deal conservatively with those teeth showing soft opaque enamel, which he thinks are increasing in number, by the topical application of a 2% solution of Sodium fluoride to the surfaces of the teeth, and claims that: "In several cases good results have been obtained".

In my report for the year 1950 I referred to the experiments in North America where in many areas small quantities of fluorides, sufficient to give a concentration of 1 part per million of Fluorine, are being added to the public water supplies, and good results in the reduction of the incidence of dental decay in the children drinking

the water have been reported. Increasing interest in this project is being taken in this Country and a mission sponsored by the Ministry of Health is now in the United States of America studying the experiments at first hand. It is to be hoped that similar benefits will soon be available to the children in this country at the very low cost which the project entails. "Fluoridation" does not claim to prevent dental decay entirely, but merely to reduce the average caries experience of the population involved by one half to two thirds. Oral hygiene and a detergent diet also have this effect and the two combined reinforce and strengthen one another. This was clearly shown by Dr. Weaver of the Ministry of Education in his investigation into the effect of war-time diet in certain natural fluoride areas in the North of England.

CO-OPERATION.

It is pleasing again to express gratitude to the teaching staffs for their assistance and cordial co-operation in spite of the disruption to their normal routine which a dental visit to a school entails.

A word of thanks is also due to the dental attendants, those very useful ancillaries, who so ably lighten the task of the dental officers in their exacting and arduous work in caring for the teeth of the nation's young people, and make it possible for a higher output of work to be achieved.

DENTAL INSPECTION AND TREATMENT*

*Primary and Secondary Schools (including Grammar),
—also Special Schools.*

(1)	Number of pupils inspected by the Authority's Dental Officers:					
	(a)	Periodic age groups	..	..	..	31,852
	(b)	Specials	..	..	..	3,273
					Total (1)	35,125
(2)	Number found to require treatment		..	..	..	23,955
(3)	Number referred for treatment		..	..	..	23,955
(4)	Number actually treated		..	..	..	16,693
(5)	Attendances made by pupils for treatment		..	..	..	30,644
(6)	Half-days devoted to:	Inspection Treatment	}	Including Orthodontic Treatment		5,208
				..	..	5,208
(7)	Fillings:	Permanent Teeth	..	..	..	18,162
		Temporary Teeth	..	..	..	2,417
					Total (7)	20,579
(8)	Number of teeth filled:	Permanent Teeth	..	..	..	15,744
		Temporary Teeth	..	..	..	2,061
					Total (8)	17,805
(9)	Extractions:	Permanent Teeth	..	..	..	2,475
		Temporary Teeth	..	..	..	12,596
					Total (9)	15,071
(10)	Administration of general anaesthetics for extraction				..	3,043
(11)	Other operations:	Permanent Teeth	..	..	..	13,701
		Temporary Teeth	..	..	..	2,578
					Total (11)	16,279

*For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

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